MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1.723

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE HOME THE DECEASED COUNTY	Bello.
CITY (If outside corporate limits, write-RURAL and OR give nearest town) TOWN LENGTH, OF STAY (in the place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR FAUTE Samterium	STREET ADDRESS 603 Sloveleigh Rose	1
	BOTT 4. DATE (Month) OF DEATH	(Day) (Year) 17 195/
5. SET wise 6. COLOR OR RACE 7. SHOULD, DEVORCED, OFFICEROR, (Specify) WILLOWS	Ofril 5-1871 79 yrs. Months.	l year If under 24 hrs. Days Hours Min.
done during most of working life, even if retired) 10b. Kind of Business on Industry	Bellinge mg.	CITIZEN OF WHAT
13. FATHER'S NAME Thy Bates	John-Anna Griffith	- Jud
15. WAS DECRASED EVER LYU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (History, give war or dates of service)	Mrs. 1824 Christopher 603 Str	neleigh Rd
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION (daughles)	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chronic My	carditis	2 = year
Antecedent cause(s)	landitio	25 "
Diseases or conditions, if any, (b) giving rise to the shove cause stating the underlying cause last	lengin.	S D 40
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manie DEL	ressive Psychois	3 years
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) IIOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-/6:	, 19 49, to 1 - 17, 19 57, that I last sa	w the deceased
alive on	7:32 P.m., from the causes and on the date sta	ted above.
James P. Jaule, M.D. Jainel.	Taritarium Jamel, md.	1-17-1951
23. BUZAL, CREMATION DATE REMOVAL (Specify) Burial Jan. 20,1951 Greenmount (RY OR CREMATORY LOCATION (City, town, or county Baltimore, Md.	(State)
DATE HECD BY LOCAL REGISTRAR'S SIGNATURE REG. 19 5/ He dright	FUNERAL DIRECTOR 451	Appress Liberty
Dm) 1102	HIVS RVO

VS. A15

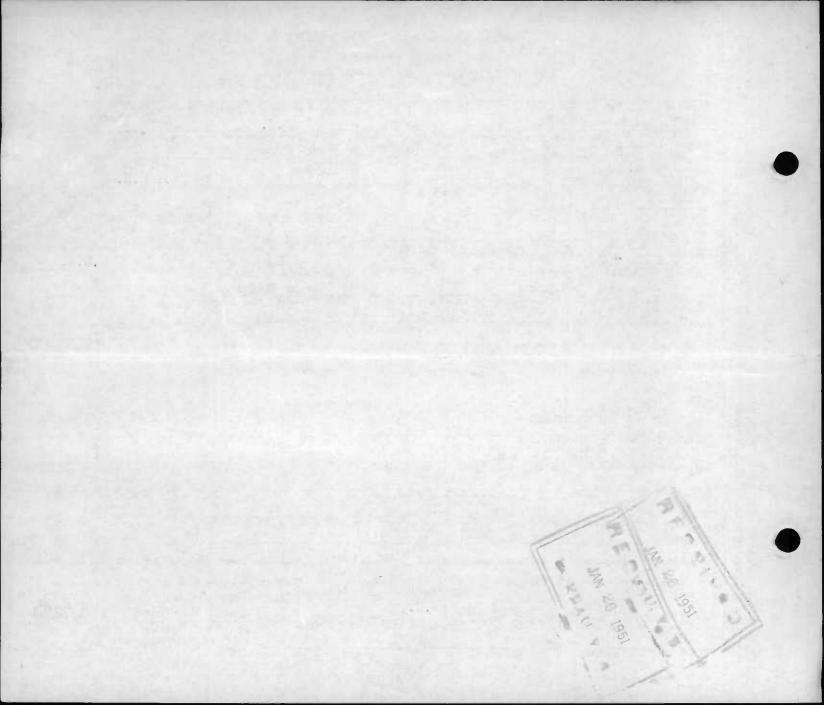
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY June Jones MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAYOR Cin this place)		1
HOSPITAL OR	STREET (If rural, give location)	/
INSTITUTION OR STREET ADDRESS Slenn I ale Sanatarem	ADDRESS 3004- 30'th St., S.E.	./
3. NAME OF (First) (Middle)		(Year)
DECEASED (Type or Print) GRACE WATERS	ADAMSON DEATH JAN. 22	1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I year If under Months Days Hours	r 24 hrn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Richard T. Waters	Grace Beard	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of 579-22-02)	Decedent	
	CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETONBET AND I	
Immediate cause (a) Pulmonary	Tuberculosis 2 yr. 4	mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		Now ded did need a ligna same
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPS	Y?
		No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE))
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov.	9, 19.50, to JAN. 22, 19.5/, that I last saw the deces	ased
alive on JAN	2.30 P. m., from the causes and on the date stated above.	177100
, diditization	ADDRESS Glenn Dale Sanatorium DATE SIGN	NED
& land her finescare M.D.,	Glenn Dale, Maryland 1/22/5:	1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or county) (Sta	te)
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
REG. 1/22/51 Ulde Wess	1 S. Win Lee's Sony (c - 300.4ths	+9KE
	1/250 VVI 10) reliengton 2, 8	1.0



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly—

NIARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0730

eg. Dist. No. 23/

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED GOUNTY
maryland Maryland	Waryland 112 seprole
CITY (If outside corporate limits, white RURAL and LENGTH OF STAY OR give parent town) (in this place)	OR CITY (If outside corporate limits, write RURA) and give nearest town)
TOWN MENTERS 13MS	TOWN Mervery
HOSPITAL OR INSTITUTION OR STREET ADDRESS prodei Georgeogeneral Hosp.	ADDRESS 6014- State Street
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) // 1 Cho(al)	vca DEATH among 13 1957
5. SEX Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last tothday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
defie during most is working life, even if retired) UNDUSTRY DOTT	Staly Girsia.
13. FATHER'S NAME	14. MOTHER MAIDEN NAME
unknown	Musenown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Hospital Record Chevrily Ind
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
4	1 1.
Immediate cause (m. m. m	emblism
Antecedent cause(s) Diseases or conditions, if any, (b)	noma
glving rise to the shove cause	
atating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🖼 No 🗆
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m, While at Not while work at work	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	ulopsy X Inspection X Inquiry X thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the dry stated above, and death in my opinion resulted
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title),	ADDRESS DATE SIGNED
A SIGNATURE)	- / /
James Malones Mig. Den. Mid. Edg	m. Cheverly-Wd- 1-13-51
23 DURIAL CREMATION DATE THEREOF NAME OF SEMETHE	RY OR CHAIRTORY LOGATION (Sity, town for county)// O(State)
Divide (Secrety) Jan 17, 1951 Int	oures washington It ()
DATE REC'D BY LOCAL ANGISTRAR'S SIGNATURE	24. BUNERAL DIRECTOR C SIL TI ADDRESSA
REG.//16/5/ Umanda Downey	7. Lasche zone Hyallerlung



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

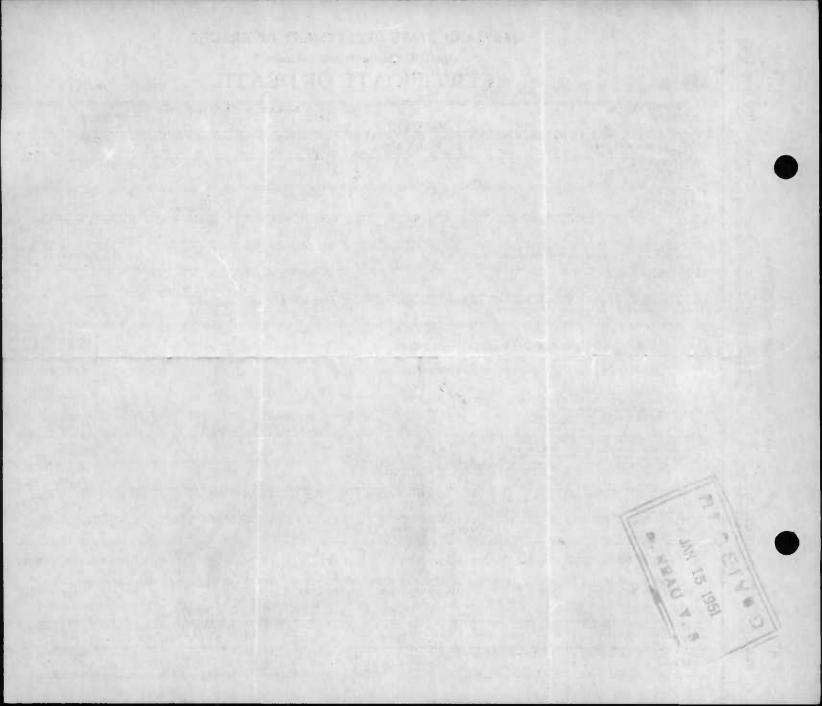
Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9 19 CERTIFICATE OF DEATH

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED STATEND Prince Georges COUNTY				
Frince Georges	The Trines dear ges				
CITY (If outside corporate limits, write RURAL OR give degreat town Heights Md.	LENGTH OF STAY	OR Decatu	ate limits, write RURA ir Heights Mo		t town)
HOSPITAL OR		STREET	(If rural, give ic	cation)	
INSTITUTION OR STREET ADDRESS		ADDRESS 51003 A	Innapolis Roa	la .	
3. NAME OF (First)	(Middle)	(Last)		onth) (Day)	(Year)
(Type or trint)	iles Beat			11, 1951	19
female 6. COLOR OR RACE 7.	SINGLE, MARRIED, VIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 10/29/1868	9. AGE last birthday 82 years	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10	b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZHI COUNTRY	N OP WHAT
done during most of working life, even if retired) HOUSEWIIE	own Home	Ohio		U. S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Gilbert Outcalt		Ekiz	abeth Clark		
15. WAS DECRASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	2.1. 25.7	
(Yes, no, or unknown) (If yes, give war or dates of service)	none	W. R. Beattie	Decatur Heig	ints Md.	
	18. MEDICAL CE	RTIFICATION		Y.,	AL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LE	ADING TO DEATH				AND DEATH
	21. 4/			04	1/2000
Immediate cause (a)	Heart face	use			
352 × Antecedent cause(s)	H. I W. W.	Pa		Anna	anal-
Diseases or conditions, if any, (b)	Typocher	e meuns	ne		e week
stating the underlying cause last	Whderlying ca	ause: absolute t	ped confineme	ent)	
(c)		(1-19-51 - 8)	ms)	1	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hemill	eria lett.		6,	years.
19a. DATE OF OPERATION 19b. MAJOR FIN	DINGS OF OPERATION	1		20. A)	POPSY?
		0		Yes	d No 🗆
	(Home, farm, factory, street, ffice bldg., etc.)_	(CITY OR	TOWN) (C	COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) IN	IJURY OCCURRED	HOW DID INJURY OC	CCUR?		
	Vork At work				
22. I hereby certify that I attended the d	eceased from Dec 2	7 , 1950, to	//, 1957, that	I last saw the	deceased
alive on 9, 19-1, and t	hat death occurred at	6 - Am from the	causes and on the	date stated ab	ove.
SIGNATURY.	(Degree or title)	ADDRESS Nonco	4 4	ashind DAT	E SIGNED
Hughwal	Key, Mis			1	W/C
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) jan 13, 195		Cemetery	Colmar Mano	r Md.	(State)
	GNATURE	F. Gasch's So	or ns Hyattsvil	le Mary	RESS
- jan II Tumar	Mar Voush	eg			



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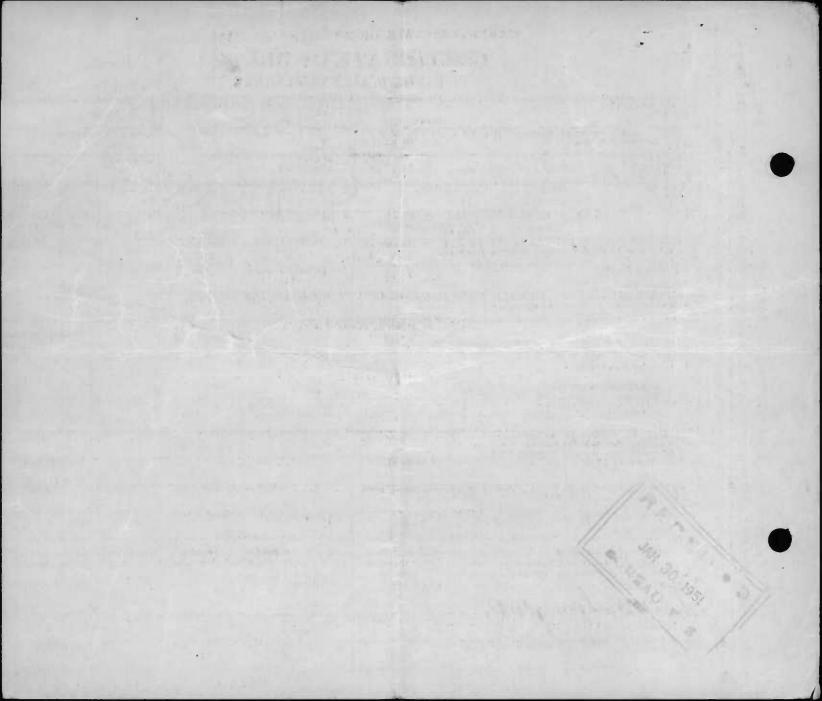
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

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		1010 1111111111				reg, Dis		•••••••
1. PLACE OF DEATH	н•		1 2. USUAL RES	IDENCE (H	OME, OF D			
COUNTY	ince Georges	MARYLAND	STATE ME	arvlan	ıd	Pr. Ca	eor ge	3
CITY (If outside co	orporate limits, write RUR	AL and LENGTH OF STAY	CITY (If out	taide corporat	te limite, writ			
OR give measest	tesville	1 month	OR	H	vatts	1110		
HOSPITAL OR		I montan	STREET			l, give location	(ac	
INSTITUTION OF	8 8114 14t	h Avenue	ADDRESS	8114	14th /			
3. NAME OF	55		(1		1 4. DATE		(5)	(17)
DECEASED	(First) Robert	(Middle) Green	(Last) Bennett		OF	Jan.	26	
(Type or Print)					DEATH			1951
	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORGED.	6. DATE OF B	RTH	9. AGE last i	oirthday II u	nder I year	Hours Min.
Male	white	WIDOWED, DIVORGED, (Specifylar 1 100	1-14-	1033	コゼ	yra.		
done during most of w	ATION (Give kind of work working life, even if getired)		II. BIRTHPLA					EN OF WHAT
Typewrite	r mechanic	U.S. TGoverame	nt Let		labama	1	County	
13. FATHER'S NAM	E		14. MOTHER'S					
William	Henry Benne	tt	Eli	zabeth	Victo	or Cal	dwell	
15. WAS DECEASED EX	VER IN U.S. ARMED FORCE	7 I IR SOCIAL SECURITY NO.	17. INFORMAN	NT AND AL	DDRESS			
(1es, no, or unknown)	(If yes, give war or dates service) W. Wall	or 416-01-9588	Elma H	Bennet	t V	Vife		
		18. MEDICAL C					1	
1 DISEASES OF CO	MDIMIONS DIDESMIN							RVAL BETWEEN
i. Diseases or co	ONDITIONS DIRECTLY	LEADING TO DEATH					UNSI	ET AND DEATH
Han I Immediate	e cause (a)	Coronary Thro	mbosis					
4 20 Immediate	e cause	00000 00	**********************************	.00101 010000000000000			1 000 + 0 0000 + 1 000 PO PO 00	***********************
Anteceder	nt cause(s)	Coronary Scle	nogla					
131 a Diseases or a	conditions, if any, (b) the above cause	COTOTIAL & DC LC	10519			00000000000000000000000000000000000000		
stating the u	inderlying cause last	Cardiovascula	n menel	110000				
	(e)	oai alovascula	1 Tonal	115000			- 1	
	CANT CONDITIONS							
	se or condition causing deat	th.						
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION					20. /	AUTOPSY?
							Yes	No 🗆
21. EXTERNAL CAL	USE WAS PLA	CE (Home, farm, factory, street	, (CITY OR T	OWN)	(COU.		(STATE)
PRIMARY GOR CO	ONTRIBUTING [OF INJ	office bldg., etc.)						
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID IN	NJURY OCC	CUR7			
OF		While at Not while						
INJURY	m.	work at work	1					
22. I certify that I	took charge of the rema	ins described above, held an	Autopsy X Ins	spection X 1	Inquiry 7	thereon	and from	the evidence
obtained by said	d Autopsy, Inspection o	r Inquiry, find that said dec	eased died on the	e dry stated	l above, and	death in	my opinio	on resulted
from: natural	couses x occident	, suicide , homicide	, undetermined	Q .				
SIGNATURE	A	(Degree or title)	ADDRESS				DA	TE SIGNED
(John) YN	In Voncen XALA	Dan Wed Fr	om Charry	an fore	163		Ton C	७७ १ १ १ म
23. BURIAL CREM	ATION I DATE THERE		am. Cheve		Md OCATION (O			(State)
REMOWAL (Spec		15, arlmar			10	Town, or	Country	(Dento)
Jurich	- powly			· W	lung	non	va	DRESS
DATE REC'D BY	LOCAL BEGISTRAR'S	DIGNATURE	24. FUNERJA	DIRECTO	O. h	1	1 77	- Clean
ay +81	10/ Jane	y wevers	1 5-10	ane	40 200	28/14	yallow	ree,



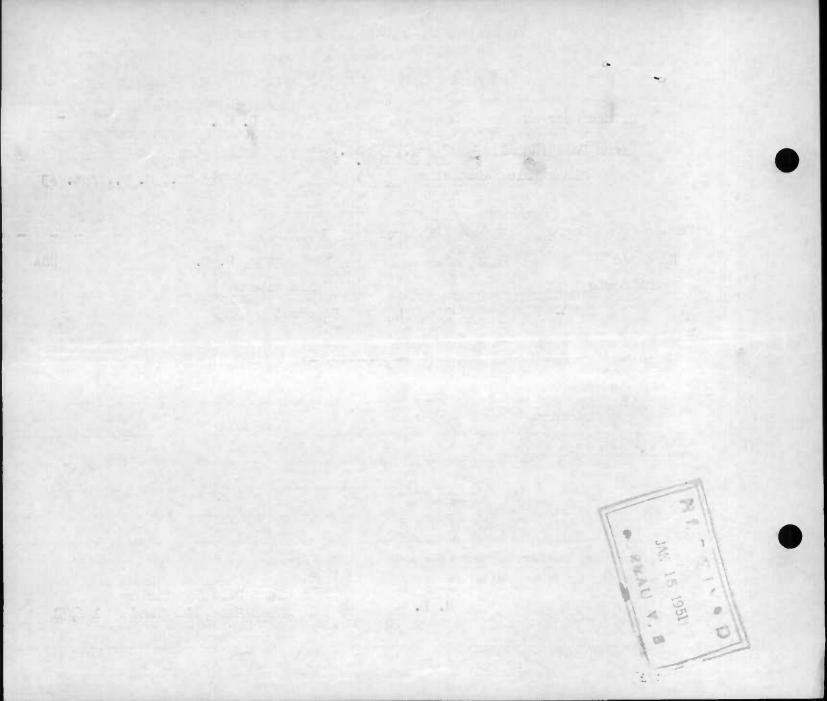
S. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY Prince Coordes	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	v -
Prince Georges MARYLAND	D. C.	
CITY (If outside corporate limits, write RURAL and OR give negrest town) TOWN (Henn Dale (Rural) (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR and 20 days	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	ADDRESS 914 3rd St., N. W.,	Apt. #3 1/
3. NAME OF (First) (Middle) Bowle	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) ANNA MARTINA	BENTLEY DEATH JAN.	6 1951
5 SEX 16 COLOR OR BACE 17 SINGLE MARRIED 1		1 year If under 24 hrs.
Female Negro WIDOWED, DIVORCED, (Specify) Wildowed	3/24/1895 55 yrs. Months	
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lydustry	II. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF WHAT
Dones CIC / Wanse terper	Washington, D. C.	COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Frank Bowie	Julia Waters	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of 577-32-4094	Decedent	
I8. MEDICAL CER	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
		ORBET AND DEATH
Immediate cause (a)_ Vuluenary	Tuberculosis	Zur. 820.
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the sbove cause stating the underlying cause last		
(c)		No.
If. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(000111)	(51111)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!	
OF INJURY m. While at Not While Work At work		
	- 1/5 1 - 1	
22. I hereby certify that I attended the deceased from WULY	9, 19.7., to 1/1/1 (2., 19.5.), that I last s	aw the deceased
alive on AA. (a., 19.5%, and that death occurred at.		
SIGNATURE: (Degree or title)	ADDRESS Clans Dala Sanatanian	DATE SIGNED
Daile Page M. D.	ADDRESS Glenn Dale Sanatorium	Direct Signed
Hillines hal & intelline	Glenn Dale, Maryland	1/6/51
2W BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)		ty) (State)
removal 1/01/3/	Washing for	D.C.
DATE REC'D BY LOCAL REGISTILAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
116/51 1 Ture well	Carrey Memorial trues Naus	
72	29 14 SY. N.W., Was	hugten, BC
	20010	/ ,



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

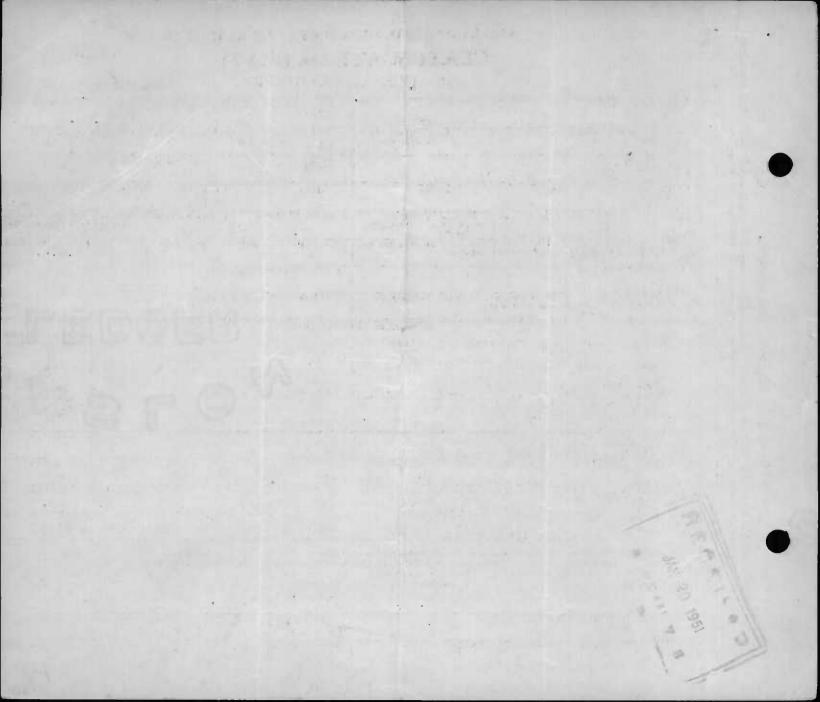
0734

1. PLACE OF DEATH COUNTY	1.		2. USUAL RESIDENCE (H		JNTY o
Pri	nce George's	MARYLAND	Maryland		Pa Ge
CITY (If outside co	proprate limits, write RURA		0.0	te limits, write RURAL an	d give nearest town)
OR give nearest TOWN Che	verly	(in 2 bis days	TOWN RITCHIE		
HOSPITAL OR INSTITUTION OF			STREET	(If rural, give location	n)
STREET ADDRES	s Prince George	's General Hospita	8351 Wh	ite House Road	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	
(Type or Print)	Harvey		Brady	DEATH 1	24 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED.	8. DATE OF BIRTH		nder I year If undar 24 hrs. nths Days Hours Min.
Male	White	(Specifial Tied	Mar. 3, 1931	19 yrs. Mo	nens Days Rours Mill.
100 USUAL OCCUP	ATLON (Class kind of mork)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT
Machine ope	orking life, even if retired)	INDUSTRY	Maryland		Cotting! A.
13. FATHER'S NAM	E	1	14. MOTHER'S MAIDEN		
George C	e asternation	Brader	annil d.	Kelwell	
15. WAS DECRASED EV	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND AL	DDRESS	
(144, no, or unknown)	service)	"			
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
1. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
8195 Immediate	e cause (a)	Cerebral comp	ression	. og oor/ "com///	
017,2	A Minney / LA				
Discourse or	onditions, if any. (b)	Post operativ	e hemorrhage		
giving rise to	o tha shove cause				
stating the u	inderlying cause last	Fronture of	the base of the	skull	
II OTHER STONIES	CANT CONDITIONS	Fracture or	the base of the	0110111	
Conditions contribu	iting to the death but not	. –	2 01 0		
related to the disease	se or condition causing deat	h Fracture of the	leit femur		20. AUTOPSY?
				form	
21. 0X MRNAL CA	Decompa	ression of the pos	CITY OR T	OWN) (COU	YesX No NTY) (STATE)
PRIMARY X OR CO CAUSE OF DEATE	NTRIBUTING OF	office bldg., etc.)		P.	
CAUSE OF DEATI	I. INJU	RYState Road	Largo		object
OF (Month)	(Day) (Year) (Hour)	While at Not while			als a fixed
INJURY]	4 51 5:2hA	work X at work	Driver of a t	cruck that str	ick a lixed
22 I certify that I	took charge of the rema	ins described above, held an A	Autonsu T Inspection	Inquiry Thereon	and from the evidence
obtained by sai	d Autopsy, Inspection of	r Inquiry, find that said dece	eased died on the dry states	d above, and death in	my opinion resulted
from: noturol	couses , occident ?	suicide, homicide,	undetermined		
SIGNATURE		(Degree or title)	ADDRESS		DATE SIGNED
1	176 70		Forestville, N	ld.	1/24/51
23/BURIAL CREM	ATION POATE THERE	NAME OF CEMETE	RY OR CREMATORY L	OCATION (City, town, or	county) (State)

PLEASE WRITE PLAINLY VS. A15A

DATE REC'D BY

LOCAL



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY Cruce Skorges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Jaurel TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS James James	STREET 35 Northwest SV.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Connet Bernard Br	owne OF DEATH January	
5. SEX hole 6. COLOR OR RACE 7. SINGLE, MARKIED, WIDOWED, DEVORCED, (Specify) June 16.	8. DATE OF BIRTH 9. AGE last withday II under Months. yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during host of working life, even if retired) INDUSTRY		COUNTRY? 4. 5.
13. FATHERS NAME Bernard Browne	Luie Mehology	P.OT
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no for unknown) (If year, give war or dates of service)	Dr. Mary n. Browne 2845)	1. Calvery St.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	recumey	ours year
422 1 Antecedent cause(s) Chronic En	docarditis	11 11
Diseases or conditions, if any, (b) Diseases or conditions, if any, (c) giving rise to the above cause stating the underlying cause last (c) Ordered	vous.	* * * * * * * * * * * * * * * * * * * *
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	i Present	26 years
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-15-		aw the deceased
SIGNATURE (Degree or title)	ADDRESS ADDRESS Taurel, Ind.	ated above. DATE SIGNED 1-25-1951
23. BURIAL, OXEMATION DATE REMOVAL (Specify) TAU. 27, 1951 CREENMON		(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	124. FUNERAL DIRECTOR & SONS CO. 4	ADDRESS RO
V	075868	- Inch No.

A15 VS. The

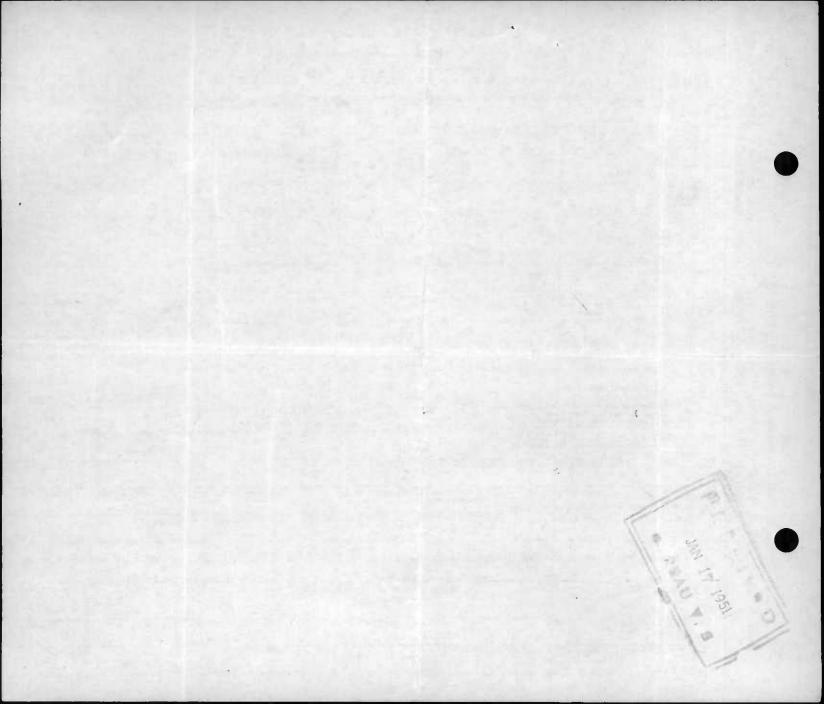
88.0	Evidence for addition in #18 shown on:
MA	FIMNO. G 130 JAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	Street,	Baltimore	

1730

AMNO. G 130 JAN 19 1951 CERTIFICAT	'E OF DEATH Reg. Dist. No	.242
1. PLACE OF DETTH- COUNTY June flos MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Pr Hes
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give negret town (in this place)	TOWN Destart Heigh	ve neprest town)
HOSPITAL UR INSTITUTION OR STREET ADDRESS	STREET ADDRESS Telono (Virual, give location)	Irive
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Last 4. DATE (Month) OF OFATH	(Day) (Year)
5. SEX Male 6. COLOR OR JACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) Married	Oct. 22, 1900 50. yrs. Months.	
done during most of to king kiereven if retired) Nactured Nacture 10b. Kind of Business or Industry 1.S. have Jun Factor	y Ollinois	COUNTRY?
Edward J. Puckbel	Minnie Grines	viol
15. Was Decrased Ever IAU.S. Armed Forces? 16. Social Security No. (Yee, no, or unknown) (Higher, give war or dates of service) 9.9.	Mrs. Harry & Buckler 1	Delono Juic
18. MEDICAL CEI	RIFICATION A GETTICE Heights. Mo	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Octo Mygcars	lia Desore presatur	20 run
Antecedent cause(s)	P	/
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	of of Pancies	oges
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	reals	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE VALUE OF Office bldg etc.)	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1945, tofan 11, 1951, that I last s	aw the deceased
alive on face,, 195, and that death occurred at (Degree or title)	ADDRESS	ated above
Soul & Van Latto	5440 Silver Hell York S. Warlu	upler 19DC
23. BURIAL, CREMATION DATE NAME OF CEMETER REMOVAL (Specify) 1/15/57 Springfield		Illinois
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Ritchie Bros. Upper Marlb	ADDRESS OPO Md
The state of the s	TIL DOLLED DIOS. OPPOI	,020 , 100.0

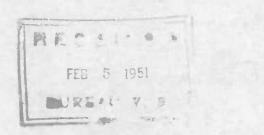


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH	nce Georges	MARYLAND	2. USUAL RESIDENCE	(HOME) OF DECEAS	ED. COUNTY		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington				
HOSPITAL OR	ant pare (unitar	1) 12 yrs.H mos	STREET	(If rural, give	location)		
INSTITUTION O' STREET ADDRE	ss Glenn Dale S			Crescent Pl.			V
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (M	(onth)	(Day)	(Year)
(Type or Print)	CAMILLE	Α.	BUNNELL	DEATH V	AN.	26	195
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWEO	s. DATE OF BIRTH 7/13/92	9. AGE last hirthday 58 yrs.	Months	Days Ho	ours Min.
done during most of w	ATION (Give kind of work yorking life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY	Memphis, Te	nnessee	U.C	CITIZEN GUNTAY?	OP WHAT
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDER	N NAME			
Luke C:	mphell		Catherine !				
	VER IN U.S. ARMED FORCES (If yes, give war or dates of		17. INFORMANT AND	ADDRESS			
	service)	1578-36-0277	Decedent				
		18. MEDICAL CE	RTIFICATION			INTERVAL	BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	\sim .				ND DEATH
Immediat	0 00000 (0)	Tulmonary	Tubercut	odes		240	6 240
COS Immediat	e cause		The state of the s	****************	****************	. J	
Diseases or giving rise to	of cause(s) conditions, if any, the above cause underlying cause last		0 000 - 1 1 1 1 0 0 1 1 0 0 0 0 0 0 0 0		nginang (kip) dingkin sida ga naja gi anginang ga a	** 67 67 67 49 4444	**************************************
	(c)				- 1		
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition eausing deat						
19a. DATE OF OPE	RATION 19h. MAJOR F	FINDINGS OF OPERATION				20. AUT	OPSY?
						Yes 🗹	No 🖸
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR	TOWN) (COUNTY)	(STA	ATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR!			
			30.048. 100	2/ 1051			
22. 1 hereby cert	ify that I attended the	e deceased from AUG.	20, 19.7, to	A.6., 19.2, that	: I last sa	w. the d	eceased
alive on VA.	V. 26, 1951, an	d that death occurred at	1. A. m., from the	e causes and on th	e date sta	ted abov	re.
SIGNATURE	a 10.	(Degree or title)	ADDRESS Glenn	Dale Sanator	ium.	DATE	SIGNED
1/man	Len Frances	and M.D.		Dale, Maryla	-	1/26/	51
23. BURIAL, CRUM REMOVAL (Spec	ATION DATE THERE		RY OR CREMATORY	LOCATION (City, tow			(State)
	1 1010.	Mr. Colevier		Washington			D.C.
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	Linoly Hank		. Street	ADDRE	LSS
			3			1	



PLEASE

VS. A15A

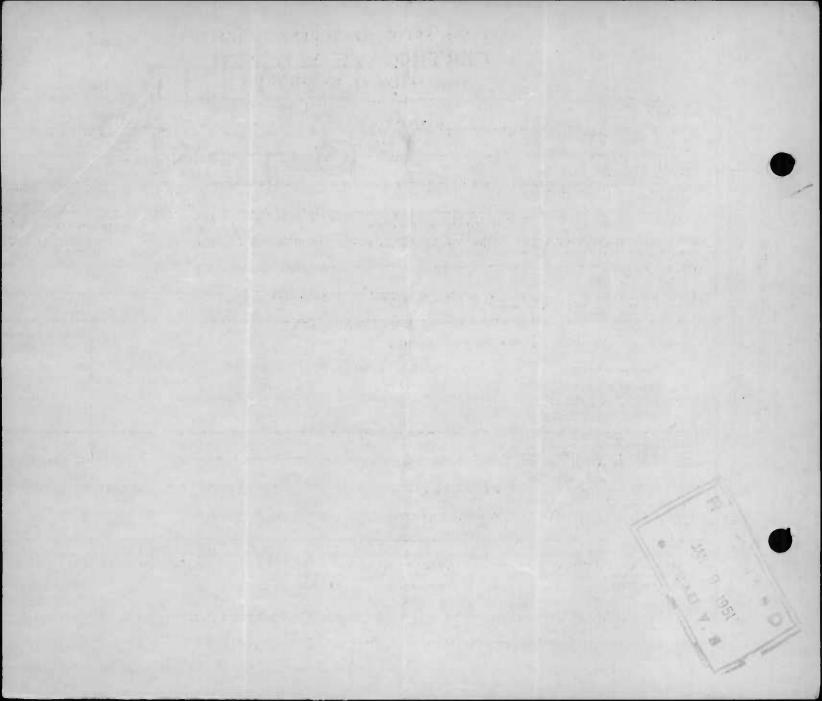
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1738

510 246

	The second secon	
1. PLACE OF DEATH.	STATE COUNTY	r
CITY (I outside copposée limits frite RURAL and LENGTH OF STAY	CITY (If outside corrected limits, write AtURAC and give	1010
OR give pearest flown) A (in this place)	OR PIA	mearest town)
HOSPITAL OR HIGHO Syland	STREET (IVolat, give position)	
INSTITUTION OR STREET ADDRESS 6403 - Lee 1 Lace	ADDRESS 6402 Julivace	
3. NAME OF First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED / /	maiso OF DEATH John	5 1851
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8 DAVE OF BIRTH 9. AGE last Withday If under	I year If under 24 hrs
(Specify) OStancia	Sept 16. 1902 48 yrs. Months	
10a. USUAL DCCUPATION (Give kind of work 1 10b. Kind of Bustlems on	141	COUNTRY OF WHAT
Cansenter Nouvaling of	11100000000	4.50
	14. MOBILER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 1 16. SOCIAL SECURITY NO.	17. DEFORMAND AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Parrie & Steament Singer	tio.
18. MEDICAL CE	RTIFICATION	1
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
I. DISBASES ON CONDITIONS DIRECTED LEADING TO DEATH	+ 1 11.1	ONDET AND DEATH
Immediate cause (a)	gestive hart failure	
490 XAntecedent cause(s)		
Diseases or conditions, if any, (b)		** ** ** *** **************************
108 giving rise to the above cause stating the underlying cause last	Pre-	
(c) Holar Muy	moma	1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		1 DO ATTOCKET
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No 🗆
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITT OIL TOWN) (COUNTY)	(SIAIL)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an A	utonsu V Inspection X Inquiry X thereon and	from the evidence
 I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece 	ased died on the dry stated above, and death in my	opinion resulted
from: natural causes accident, suicide, homicide,	undetermined ADDRESS	DATE SIGNED
SIG. WITORE	f of I	DAID SIGNED
John Malony on D Jup. Myd.	Edgeme Cheverly Mot.	1-5-51.
21. GURIAL CREMATION DATE TUEREOF NAME OF CEMETIC	CREMATORY LOCATION City, town, or coun	ty) (State)
1/1/2/ Woodlaws		W.C.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 6. 1951 Jarrie F. amplele	Henry S. Washing Ton + Sons 46	7 NSI.N.W



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

		CERTIFICAT	E OF DEAT	H Reg. Dist. N	10. 243
1. PLACE OF DEAT	rn. Prince George	es Maryland	2. USUAL RESIDENCE (CSTATE D.C.	HOME) OF DECEASED.	ry
CITY (If outside OR give neare TOWN	corporate limits, write RUR st town) Dale (RURAI	AL and LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL and g	ive nearest town)
	or Ess Glenn Dale S		STREET	(If rural, give location) th St., S.E.	J
(Type of time)	Herman	(Middle)	BURNS	4. DATE (Month) OF DEATH	(Day) (Year) 26 195/
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Dec 27, 1920	50 vm. 1	If under 24 hrs. Days Hours Min.
done during most of Shipping	PATION (Give kind of work working life, even if retired) Clerk ME	10b. KIND OF BUSINESS OR INDUSTRY	Washington, 14. Mother's Maiden		Country?
William			Lula Robinson		
15. WAS DECRASED	EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates service)	of 578-12-3700	Decedent	2000	*
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR C	CONDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATE
		Renal To	uberculosi-	2	2 landouver
Immedia	ite cause (a)	****** **	0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	**************************************	- deglioscop
Anteced	ent cause(s) conditions, if any, (b)	with termi	nal Urem	110_	
12 giving rise	to the above cause underlying cause last	A		**************************************	* * PR 00 00 00 00 00 00 00 00 00 00 00 00 00
somming and	(c)	relument	There are	Dis.	1240
Conditions contri	FICANT CONDITIONS huting to the death but not ease or condition causing deat	ih.			
19a. DATE OF OP	ERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
OL ACCIDENT	(Cossifu) DI A	CE (Hama farm fastary street	(OTMV OD 5	BOWN (GOING)	Yes No 18
21. ACCIDENT SUICIDE HOMICIDE	OF		(CITY OR 7		(STATE)
OF INJURY) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURT	
22 I havehy con	tify that I attended th	e deceased from 11, 28	1947 +01.26	105/ that I last	com the decess
22. I hereby ter	of T	e deceased from	10	LIBU 1 18SU	saw the deceased
alive on	2 A.	ad that death occurred at (Degree or title)	ADDRESS Glenn D	causes and on the date s ale Sanatorium	tated above. DATE SIGNED
X/ aniel h	en Fruecan	0 10.51	Glenn D	ale. Ma.	1/20/51
23. BURIAL, CREE REMOVAL (Sp	MATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or coun	nty) (State)
DATE RECID BY		SIGNATURE COLLEGE	24. FUNERAL DIRECTO	0	ADDRESS Free- M. W.
				31/4	VVV

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly— MARGIN RESERVED FOR BINDING

The correct age



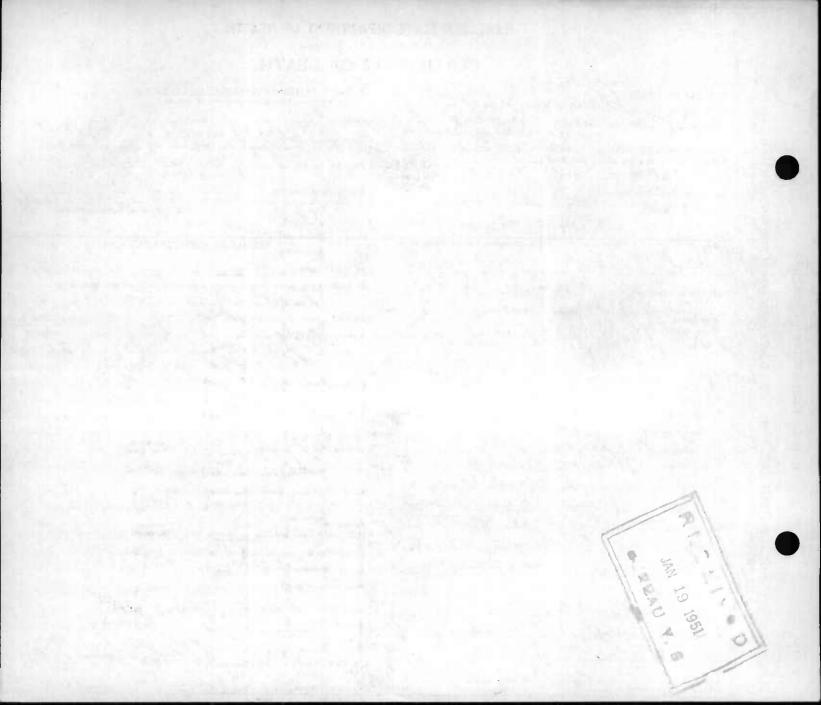
WRITE PLEASE A15 VS 19 an. 16 (Date ree'd by registrar)

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(741)
Reg. Dist. No. 442

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Maure Senger	(For newborn infants give residence of mother)
County	
City or town	State County
(If outside city or town limits, write RUICAL and give nearest town)	City or town Washington D. C
How long in above place of death? 60 days	(If outside city or town liphys, write RURAL and give negrest town)
Hospital, Institution, or street address where death occurred:	Street No. 1278 An ouse St., M. E.
0011 - 59" aul.	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James & verett	Butter 3. (0) Social Security Number
4. Sez 5. Color or rage 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Marie Married	DOMINIC 16 151 1/25A
- 1 - 1 - 1 - 0 - 0	20. DATE OF DEATH
6,(b) Namo of tysband of wife Sertual 4000	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1950, 10 TOW 16 192
TSuttler 6.(c) If alive, give age 3.7 years	and that I last saw h Line alive on Que 6 16 1951
7. Birth date of	
deceased (mo., day, yr.)	Immediais austral death DURATION
8. AGE: Years Months Days If less than one day	Slatus Epilesheus 2 Hours
44 //hrs. gmin.	- Mezinan Heart
8. Birthplace Oxer Tree, ma.	Due to Thromas a shaustian
(Town, Sounty, and state)	
Look	Al Vanda Line
10. Usual occupation	Due 10
11. Industry or business Cafe	
12. Name Miley To utler County	Other conditions
\$ 13. Birthplace Statuce Leagle County	322.2
	(Include pregnancy within 3 months of death)
14. Maiden name Lillie Trene Butley 15. Birthplace Grince Georges Caunty	Major findings of operations.
6 Main as Classes County	
≥ 15. Birthplace	Date of op.
Mus Gertride Gutter	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1278 Maise St., N.E.	
12 0 0 0 1/5-1	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removat. Which:)	Whose did Injury occur?
Cemelery or crematory	Where did Injury occur? (City or town) (County) (State)
Washing to De	Injured at home, farm, Industry, public place (where?)
Location Location	
1 (Clarker do To	Means of Injury Injured at work?
18. Funeral director	0.1/1/1
Address 467 W St. NW. Del	the ull chinese Mit
0 0	23. SIGNATURE M. D. or other
January 16 will Carrie F. Campbell,	M. D. or other
(Date ree'd by registrar) 19 S Registrar	Address 100 (caster que signed 1/6/3)
7,000 100 100	104611

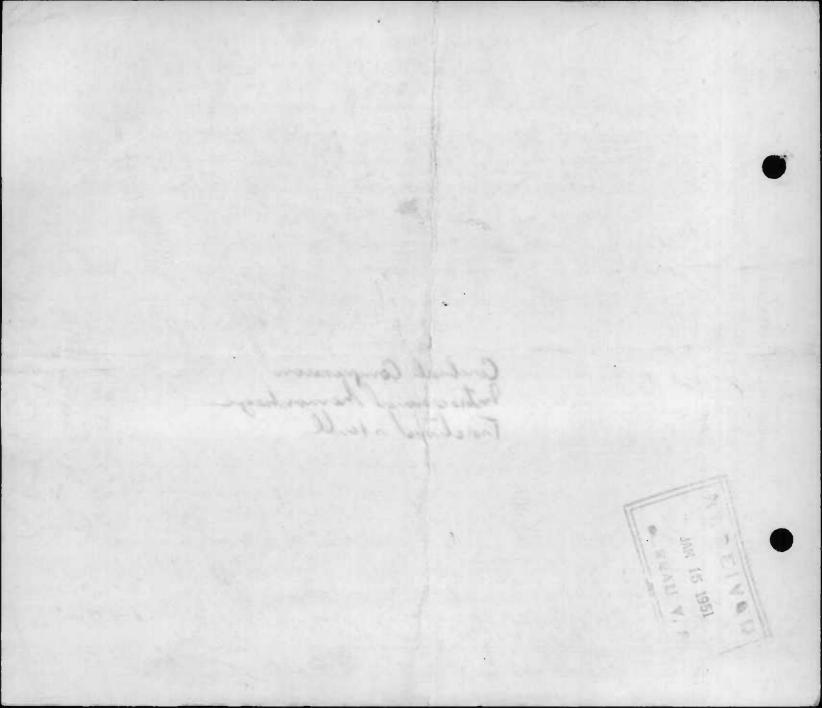


VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

COUNTY GLONGLO MARYLAND	STATE Many and COUNTY	p.a.o.
CITY (If outside corporate limits, whe RURAL and LENGTH OF STAY OR give searest took) TOWN (in this place)	OR CITY (If outside copporate limit) write BURAL and giv	e nearest town)
HOSPITAL OK INSTITUTION OR New Hormashure Cive - STREET ADDRESS 200 Af. from Monksoney Com	STREET (If ru al give lo aton) ADDRESS Fort Meade (Loa	d
3. NAME OF DECEASED (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Manual	8. DATE OF BIRTH 9. AGE last birtiday If under Months yrs.	I year If under 24 hrs. Days Hours Min.
done during most of working life, even if retired) 10h. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
13. LATTER'S NAME CHING	14. MOTHER'S MIDEN NAME Edna mobell	13/
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of 224-36-105-6	17. INFORMANT / Complett -	Wile
18. MEDICAL CE		1-
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Carlad Co.	101001001	
910 8 Immediate cause (a)	pression	
Antecedent cause(s) Diseases nr conditions, if any, (b)	hemorhage	
glving rise to the above cause stating the underlying cause last	ull	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21 EVERDALAL CALIGE WAS 101 ACT (II	(CITY OR TOWN) (COUNTY)	Yes X No 🗆
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office blg., etc.) CAUSE OF DEATH. INJURY	Vian Dalsoma Parli (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Houp) INJURY OCCURRED While at Not while INJURY - 10-51-1.20 m. work at work	low in Injury occur? Stanety by	falling
22. I certify that I took charge of the remains described above, held an a	Autonsy V Inspection X Inquiry V thereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dec	eased died on the day stated above, and death in my	opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
To ha J. Malaney No. 10: No. p. May. Edge. Burlal. CREMET	TYTOR CREMATORY LOCATION (City, Lown, or coun	0-5/
lisene souther for 11.1951 Covering	Con Clay, Gwa, or eduli	(5,000)
DATE REC'D BY LOCAL PEGISTRAR'S SIGNATURE REG. 1/19.57 JOSEPH SLYCH	I Jackedon Hyalla	reliend
	01-02-01	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

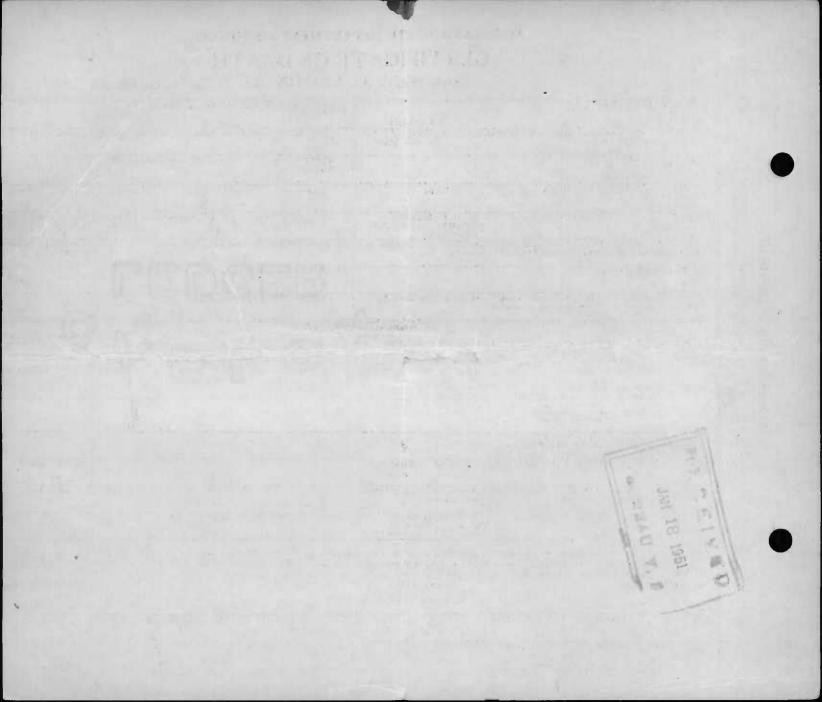
VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASION COUNTY	
CLTY (If outside Cornerate limits, write RURAL and LENGTH OF STAY	CITY (If outside copporate limits, write MURAL and give	next town)
TOWN Newson -4 Means	TOWN Johnson	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wedgeroff (Road	ADDRESS Witght (1 rural, give lookligh)	rd.
3. NAME OF DECEASED (Middle)	(Lagt) 4. DATE (Month)	(Day) (Year)
(Type or Print) Markey // Orman	DEATH DEATH DEATH 19. AGE last birthday If under	year ilf under 24 hrs
Male White WIDOWED, DIVORCED, (Specify) Sande	nor J. 1942 8 yeshars Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Wann Francis Will	anso
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no, or unknown) (If yes. give war of dates of	17, INFORMANT AND ADDRESS	1t.
Is. MEDICAL CE	ERTIFICATION	was .
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	V	INTERVAL BETWEEN ONSET AND DEATE
12/1000 000/0	and tal neb	
919, D Immediate cause (a)	The state of the s	Audig 08 08 08 08 00 00000 0000000000000000
Antecedent cause(s) Diseases or conditions, if any, (b)	round of chest	»» ask ask as a new construction of the second of the seco
184 giving rise to the shove cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, Jagtory, street,	(COUNTY)	(STATE)
PRIMARY COR CONTRIBUTING OF office bldg., etc. CAUSE OF DEATH.	1 Y L	seo. Wel
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCURIO Shot ale is	dendalty
injury - 4-5/ f.m. work at work	by le year old brother.	
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that suid dec	Autorsy Inspection Inquiry thereon and eased died on the day stated above, and death in my	from the evidence opinion resulted
from: natural causes , accident suicide , homicide SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
What is the law thin no would	Edans Chinale and	1-14-51
REMOVAL (Specify)	ERY OR CREMATORY LOCATION City, LOWN, or County	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 16 1957 Lawy Sever	24. FUNERAL DIRECTOR Some Hyetten	APDRESS
y sur 10, 101 yeurs server	10/000/	



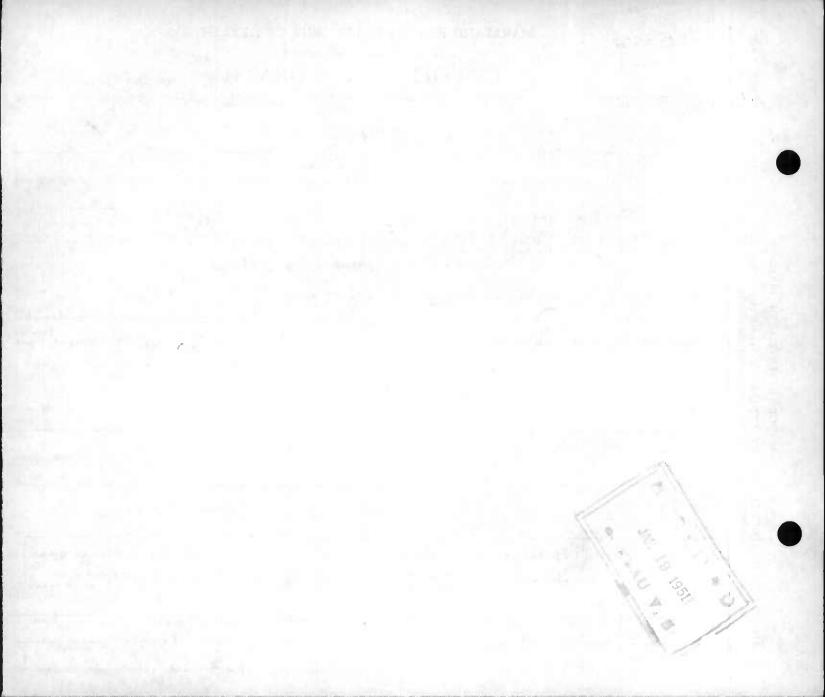
PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

COUNTY COUNTY	1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
HOSTRAL OR HOSTRAL OR HOSTREET ADDRESS STREET ADDRE	Prince SegremaryLand	Mary and hume Se	orges.
HOSTRAL OR HOSTRAL OR HOSTREET ADDRESS STREET ADDRE	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate amits, write RURAL and gi	ve dearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS IN AME OF STREET STREET STREET ADDRESS STREET A	TOWN Tairmout Heese (in this place)		
STREET ADDRESS S. NAME OF CITIES (Specify Control of the control	HOSPITAL OR	STREET (If rural give ocation)	
DECEASED (Type of Pints) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, Willow Married, William Married, William Married, William Married, Wil	INSTITUTION OR STREET ADDRESS	ADDRESS 7	
DECEASED (Types of Print) 6. SEX 6. COUTR OR RACE 7. SINGLE MARRIED. (Spealty) (Labert Married) 10. Single Married (Sinte or foreign country) 11. BIRTIPLACE (Sinte or foreign country) 12. Cottered or Warr Country (Country) 13. PAPIER'S NAME 14. MOTHER MAIDEN NAME 15. WAS DECASED First In U.S. Armen Forcest (Yes, np. or unknown) 16. Social Security No. 17. INFORMANT 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. DATE of Country (Spealty) 19. DATE of Country (Spealty) 10. Single Married 10. Social Security No. 10. INTERVAL BETWEEN ONSET AND DEATH 19. DATE of OPERATION 20. AUTOFSY! 21. ACCIDENT (Spealty) 21. ACCIDENT (Spealty) 22. AUTOFSY! 23. ACCIDENT (Spealty) 18. INTERVAL Spealty (Spealty) 18. INTERVAL BETWEEN ORSET AND DEATH 24. ACCIDENT (Spealty) 18. MEDICAL CERTIFICATION 19. DATE of OPERATION 20. AUTOFSY! 21. ACCIDENT (Spealty) 21. ACCIDENT (Spealty) 22. AUTOFSY! 23. ACCIDENT (Spealty) 24. AND SPEALT (Spealty) 25. AUTOFSY! 26. AUTOFSY! 27. ACCIDENT (Spealty) 27. ACCIDENT (Spealty) 28. MINURY (COUNTRY) 29. AUTOFSY! 29. AUTOFSY! 20. AUTOFSY! 20. AUTOFSY! 20. AUTOFSY! 20. AUTOFSY! 21. ACCIDENT (Spealty) 22. I hereby certify that I attended the deceased from As work (Degree or title) 22. AUTOFSY! 23. ERIAL, CREMATION (Date Thereof NAME OF CEMETERY OR CREMATORY (DOCUMENT) 23. ERIAL, CREMATION (Date Thereof NAME OF CEMETERY OR CREMATORY (DOCUMENT) 24. AUTOFSY! 25. AUTOFSY! 26. AUTOFSY! 26. AUTOFSY! 27. ACCIDENT (Spealty) 28. AUTOFSY! 29. AUTOFSY! 29. AUTOFSY! 20. AUTOFSY! 20. AUTOFSY! 20. AUTOFSY! 20. AUTOFSY! 21. ACCIDENT (Spealty) 22. AUTOFSY! 23. ERIAL, CREMATION (DATE THEREOF NAME OF CEMETERY OR CREMATORY (DO		(Last) 4. DATE (Month)	(Day) (Year)
Sta. USLAL OCCUPATION (Give kind & work) Sta. USLAL OCCUPATION (Give ki		DEATH ALL	
done diging most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MADEN NAME 15. WAS DECEASED THE IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. MEDICAL CERTIFICATION 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 19. Antecedent cause (a) 19. Antecedent cause (b) 19. Diseases or conditions, if any, giving rise to the above and last 19. Disease or conditions, if any, giving rise to the above and last 19. Disease or conditions, if any, giving rise to the above and last 19. DATE OF OFFRATION 19. DATE OF OFFRATION 20. AUTOPSYT 19. DATE OF OFFRATION 21. ACCIDENT 19. DATE OFFRATION 22. I hereby certify that I attended the deceased from the conditions of the	6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Months	r 1 year If under 24 hrs. Days Hours Min.
13. FAPHER'S NAME 15. WAS DECEASED THER IN U.S. ARMED FORCES? (Yes, p., or unknown) (II yes, give war or dates of excise) 16. Social Security No. 17. INFORMANT 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. Diseases or conditions DIRECTLY LEADING TO DEATH 19. Diseases or conditions, if any, giving rise to the above cause leat 19. Diseases or conditions contributing to the death hut not related to the disease or condition constributing to the death hut not related to the disease or condition constributing to the death hut not related to the disease or condition constributing to the death hut not related to the disease or condition constributing to the death hut not related to the disease or condition constributing to the death hut not related to the disease or condition consisting death. 19a. DATE OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) (INJURY OCCURRED OF INJURY) 22. I hereby certify that I attended the deceased from A work How DID INJURY OCCUR? 23. Element of the death occurred at (1.5	On. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LEDUSTRY	me o	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Interest of the above cause Is. MEDICAL CERTIFICATION Interest and Death			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Leading to Death Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying canse last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20, AUTOFSY! Yes No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) While at Not While	15. WAS DECEASED THE IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT Leauder Z. Clark	,
Immediate cause (a)	18. MEDICAL CE	RTIFICATION	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE (Month) (Day) (Year) (Hour) INJURY OCCURRED (How Work At work How DID INJURY OCCUR? OF OFFICE (How DID INJURY OCCUR? OF ONLY (Hour) INJURY OCCUR? While at Not While Work At work At work 22. I hereby certify that I attended the deceased from At work At work At work 23. BURIAL, CREMATION PATE THEREOF (Degree or title) ADDRESS ADDRESS NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washumadam, Ale. State)	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE (Month) (Day) (Year) (Hour) INJURY OCCURRED (How Work At work How DID INJURY OCCUR? OF OFFICE (How DID INJURY OCCUR? OF ONLY (Hour) INJURY OCCUR? While at Not While Work At work At work 22. I hereby certify that I attended the deceased from At work At work At work 23. BURIAL, CREMATION PATE THEREOF (Degree or title) ADDRESS ADDRESS NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washumadam, Ale. State)	Immediate cause (a) berefral	Hemorbage	2/2 No
giving rise to the above cause stating the underlying canse last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. ACCIDENT Specify PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.) HOMICIDE INJURY How DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While At work ADDRESS 22. I hereby certify that I attended the deceased from At at a suite on Address and on the date stated above. SIGNATURE Color of title Colo		2	7
Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 1 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) No office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work 1 22. I hereby certify that I attended the deceased from At work 1 23. I hereby certify that I attended the deceased from At work 1 24. J.	Oh giving rise to the above cause		
21. ACCIDENT SUICIDE OF office bidg., etc.) PLACE (Home, farm, factory, street, OF office bidg., etc.) PLACE (Home, farm, factory, street, OF office bidg., etc.) PLACE (Home, farm, factory, street, OF office bidg., etc.) PLACE (Home, farm, factory, street, OF office bidg., etc.) PLACE (Home, farm, factory, street, OF office bidg., etc.) PLACE (Home, farm, factory, street, OCITY OR TOWN) (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While at Not While of INJURY OCCUR? While at Not While How DID INJURY OCCUR? While at Not While How DID INJURY OCCUR? At work OF OCCURRED HOW DID INJURY OCCUR? ADDRESS DATE SIGNED DATE SIGNED ADDRESS DATE SIGNED (State) PLACE (Home, farm, factory, street, OCCURRED, OCCURRED, OCCURRED) ADDRESS DATE SIGNED ADDRESS DATE SIGNED (State)	Conditions contributing to the death hut not		
21. ACCIDENT SUICIDE OF office bidg., etc.) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY TIME (Month) (Day) (Year) (Hour) Work At work How DID INJURY OCCUR? While at Not While At work At work DID INJURY OCCUR? While at Not While At work DID INJURY OCCUR? While at Not While At work DID INJURY OCCUR? While at Not While DID INJURY OCCUR? While At Work DID INJURY OCCUR? ADDRESS DATE SIGNED DATE SIGNED ADDRESS DATE SIGNED WAS ADDRESS DATE OF THE RESOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) WAS ADDRESS DATE OF THE RESOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) WAS ADDRESS DATE OF THE RESOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT SUICIDE OF office bidg., etc.) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY TIME (Month) (Day) (Year) (Hour) Work At work How DID INJURY OCCUR? While at Not While At work At work DID INJURY OCCUR? While at Not While At work DID INJURY OCCUR? While at Not While At work DID INJURY OCCUR? While at Not While DID INJURY OCCUR? While At Work DID INJURY OCCUR? ADDRESS DATE SIGNED DATE SIGNED ADDRESS DATE SIGNED WAS ADDRESS DATE OF THE RESOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) WAS ADDRESS DATE OF THE RESOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) WAS ADDRESS DATE OF THE RESOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)			Ves D No D
TIME (Month) (Day) (Year) (Hour) While at Not While INJURY OCCURRED While at Not Wh	SUICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY	
22. I hereby certify that I attended the deceased from 24		HOW DID INJURY OCCUR?	
alive on 19.6., 19.6., and that death occurred at 1.5. A.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED LOCATION (City, town, or county) REMOVAL (Specify) AND CEMETERY OR CREMATORY LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY			
alive on 19.6., 19.6., and that death occurred at 1.5. A.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED LOCATION (City, town, or county) REMOVAL (Specify) AND CEMETERY OR CREMATORY LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY	22. I hereby certify that I attended the deceased from 2	9., 1950, to Jan. 16, 1951., that I last:	saw the deceased
23, BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) Jan, 16-5-1			
23. BERIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)			DATE SIGNED
(Service Section) Jan. 16-5-1 Washington, D. C.	H. To. Belloy Jud	(823- Hunt Pl, Ne Cesty	Low 19.20
January Coff, NIC-	42 DEDIT CREMATION LDATE THEREOF I NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
Jan, 16-51 Karrie J. Campbell - Kiny & Workington & Sero 467 "N' st. Nle	10010110	24. FUNERAL DIRECTOR	ADDRESS
N.C.	Jan, 16-51 Carrie J. Campbell.	Kliny & Wodington & Sers 46?	"N' st. Nle
		-	N.C.



13

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

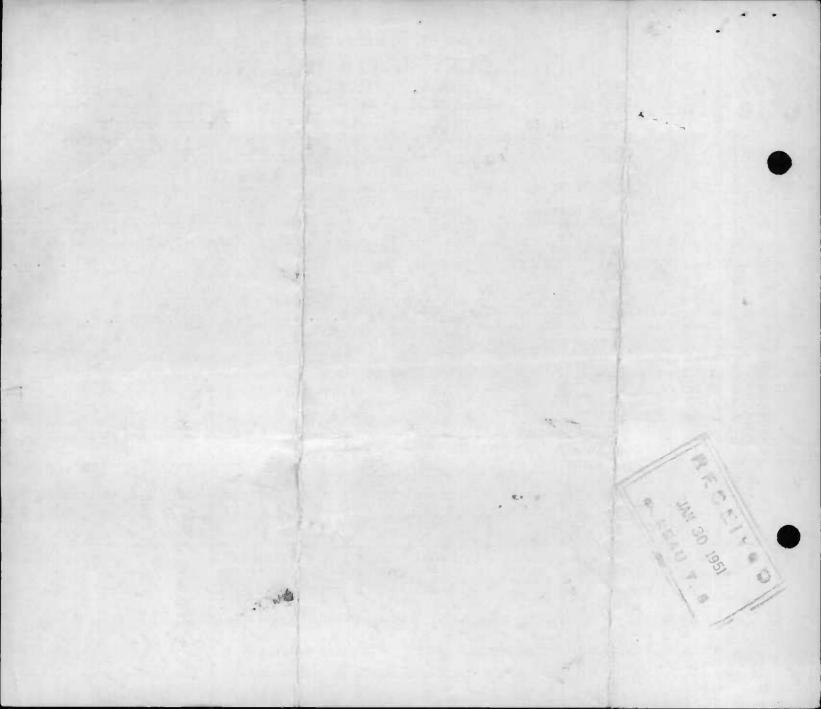
210

230

1,744

250 597

		FOR MEDICAL	LEXAMINERS	Reg. Dist. No	0.00
1. PLACE OF DEATH COUNTY Prine	e George's	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. Prince Geofger's	Y
TOWN	erporate limits, write RUR	AL and LENGTH OF STAY (in this place)	CITY (If outside corpor	ste limits, write RURAL and give Springs Maryland	ve nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	R Willis Sch		STREET ADDRESS Coles	(If rural give location)	
3. NAME OF DECEASED (Type or Print)	(First) Horace		(Last) Clothier		(Day) (Year) 1951- 19
s. sex male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTIEG	8. DATE OF BIRTH 5/30/1891	by years.	Days Hours Min.
Superintende		10b. Kind of Business on Industry Comm	Virginia		COUNTRY! S. A.
	James S. Cloth		14. MOTHER'S MAIDEN	M Stephenson	
15. WAS DECEASED E. (Yes, no, or unknown)	ver In U.S. Armed Forces (If yes, give war or dates of service) NO	of 16 Social Security No.	A. E. Clothier	428 Ingraham St Washington D.	Ñ.M
1 DIGRAGES OF CO	ONDITIONS DIRECTLY	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
		LEADING O DEATH	-	•	ONSET AND DEATE
	e cause (a) of cause(s) conditions, if any, (b)	Daginga	A		3 40 00 00 00 00 b0 b0 b0 b0 b0 b0 b0 b0 b0
10 giving rise to	the above cause inderlying cause last	Show Janta	01000000	A le maken	
Conditions contribu	CANT CONDITIONS sting to the death but not se or condition causing dest	th.	Justin	with my m	1
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
21. EXTERNAL CAPPRIMARY FOR CO	ONTRIBUTING IS OF	CU (Home, farm, factory, street, office bldg, etc.)	+ BOTTY OR	TOWN) (COUNTY)	Yes No O
TIME (Month)	(Day) (Year) (Hour) 2-5 1 //-55ni.	INJURY OCCURRED While at Not while work at work	Les dintal	ly fellants re	servier
obtained by sai	d Autopsy, Inspection o	ins described above, held an A r Inquiry, find that said dece	ased died on the day stale	K Inquiry Sthereon and ed above, and death in my	from the evidence opinion resulted
SIGNATURE	causes . accident	suicide , homicide , (Degree or title)	undetermined □. ADDRESS		DATE SIGNED
28. BURIAL, CREM. REMOVAL Spec	ATION DATE THERE	OF NAME OF CEMPTE	RY OR CREMATORY	MO I-	22-5) ty) (State)
Dura	LOCAL REGISTRARY	SIGNATURE /	24. FUNERAL DIRECTY	Bollen /	MODRESS .
any 24	19.51 / Water	When Whother an	+ 11 man f	2. Hellow "	//



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

720876

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
TYINCE MARYLAND	Mary land line fee.
CITY (If outside corporate limbs, write RURAL and LENGTH OF STAY OR give nearest town. (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN MINIMPHE TO 2 UPS	TOWN PAIRMONT 1965
HOSPITAL OR INSTITUTION OR STREET ADDRESS 715-615+ Ave	STREET (If gural, give location) ADDRESS 7 15 - 6 1 4 4
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
OECEASED Hunte Eliza	Coates DEATH Jan / 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
Female Negro WIDOWED DIVORCED, (Specify) MARY LCC	July 25/882 68 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Giv kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) (INDUSTRY)	& Charles Country Md Winter State
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Johnson	Alice Johnson
15 WAS DECEMBED BURB IN ITS ARMED FORCES! I 16 SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no of unknown) (If yes, give war or dates of service)	Harry Costes - Huckand
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
ii bisblishs on constitutions binners and the bantit	ONSET AND DEATE
Immediate cause (a) Hand when Silv	e undice liseage 2 44
443x	
Antecedent cause(s) Diseases or conditions, if any, (b)	Wisenson Hunter Com & Man
Qa d glving rise to the above cause	
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	Depare
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
1.	1444)
22. I hereby certify that I attended the deceased from	, 19.19.7, to Man, 19.5.4, that I last saw the deceased
alive on 28 19.50, and that death occurred at 1	1.00 Am., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
John W. Kart M.D. 3	30-61 St St. Jan 1st, 1951
	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) 1-5-5/	n Cem. Croome Pr. Geo. Co. Md.
DATE REC'D BY LOCAL DEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Paris 1-1951 Carrie 7. Campbell.	Henry S. Washing Ton + Sons 467 N STW

The correct PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A15 VS.



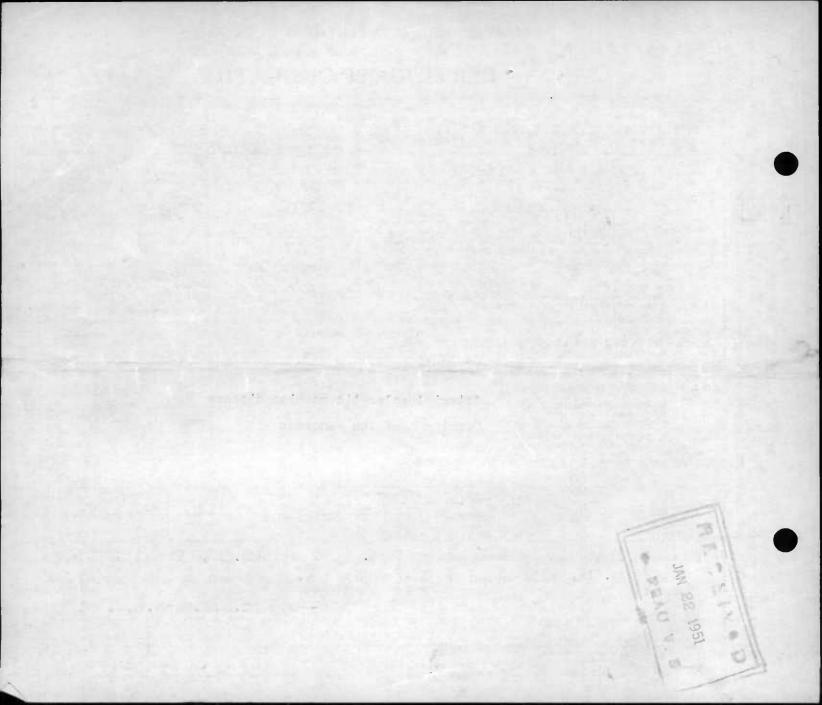
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest (Dyn)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN PIVERDAIE.	TOWN VVashing Ton.
INSTITUTION OR Leland Memorial Hospy	STREET ADDRESS 1923 Summit Pl. N.E.
3. NAME OF DECEASED (First) (Middle) (Type or Print) Centrude	COOK. 4. DATE (Month) (Day) (Year) OF DEATH JAN. 19, 1951
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) MALVIE &	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. May 17/1890 6 yrs. Min. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 10b. Kind of Business of Industry	11. BIRTHPLACE (State or foreign country) N. Calpolina. 12. CITIZEN OF WHAT COUNTRY? COUNTRY?
13. FATHER'S NAME JOHN MINSHEW	14. MOTHER'S MAIDEN NAME 168 TURNACE
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give year at dates of service)	GOLDEN COUR_ 1923 SUMMIT PRINE, WASHOC.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Congestive fail	ure
Antecedent cause(s)	
460 giving rise to the above cause	tic cardiac disease
stating the underlying cause last (c) Carcinoma of th	e Pancreas
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sept.	1950 to
alive on Jan. 18, 19.51, and that death occurred at	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Hung of Hadley wer	12526th St.S.W.Wash.D.C. 1/19/51
REMOVED JAN 27,951 FREMONT	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS P:VOLUME M. 1
Tours - pas . Several registry	Minerale, Ma



PLEASE

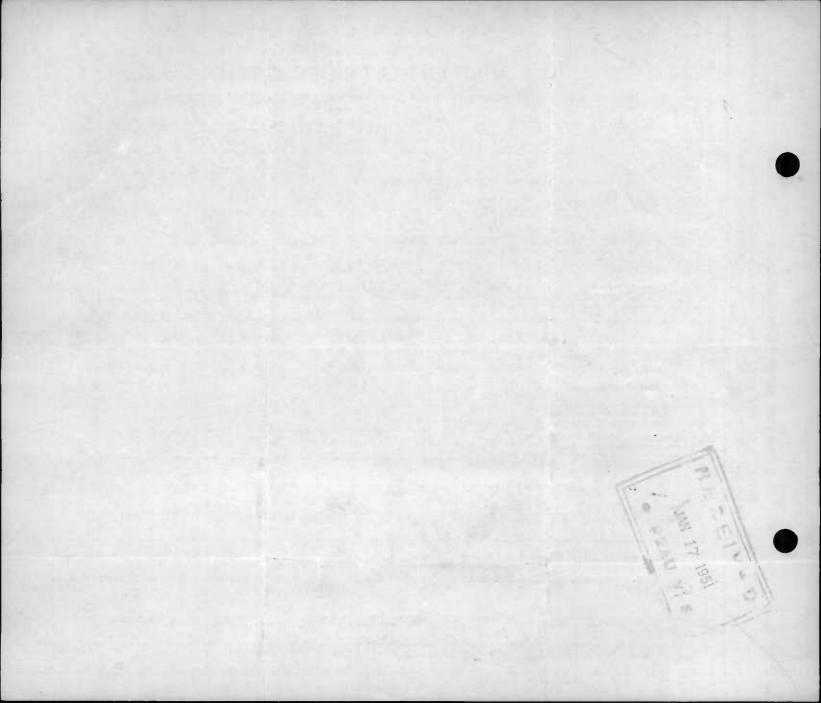
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

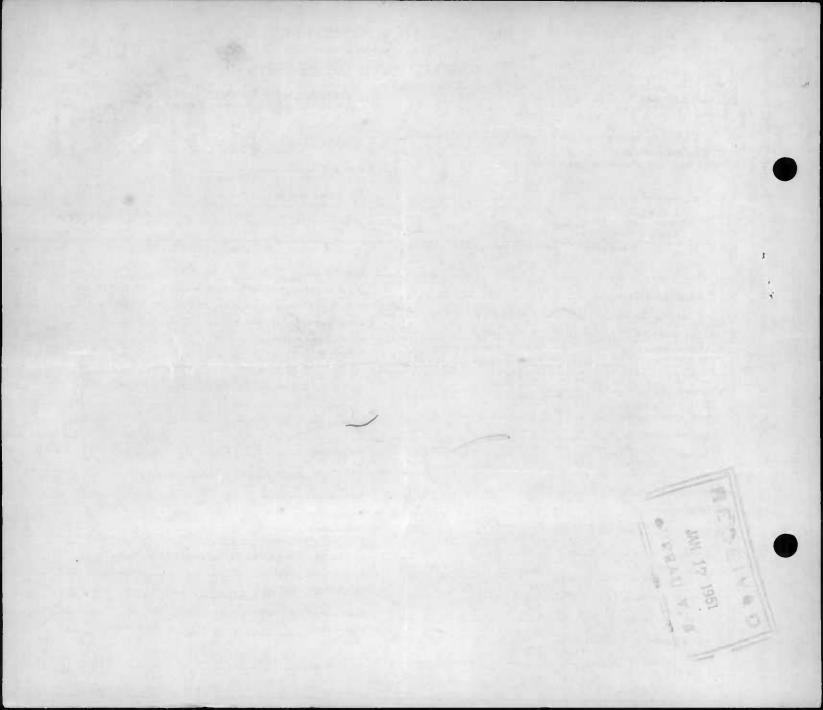
Reg. Dist. No. 745

I. PLACE OF DEATH. P.J. Sed a HUATTS VILL	2 CSUAL RESIDENCE (HOME) OF DECEASED COUNTY	
4004 QUEENS BURG NO MARYLAND	Thayland I we till	orps
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If Jutaide corporate limits, write RURAL and give OR TOWN CHOCKER)	e negrest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 4 604 queusly R	1
3. NAME OF DECEASED (First) FLOSSIE ANN I	OF JAN.	(Day) (Year) 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, (WIDOWED, DIVORCED, (Specify))	8. DATE OF BIRTH 9. AGE last birthday If under	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
William H Barney	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of bervice)	Duse his address	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cardio-varsu	lar renal desease	6 yes.
142 XAntecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		THE COLUMN TWO COLUMN THE COLUMN
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	etis Melletus etic Neuviles	1en. 6 skon
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20/AUTOPSY? Yes No 2
21. ACCIDENT (Specify) SUICIDE HOMICIDE INJURY SUICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY	HOW DID INJURY OCCUR?	
	7, 1945, to Jan. 13, 1951, that I last so	
alive on 1000. 2, 1957, and that death occurred at 6 (Degree or title)	ADDRESS Weskington 21-18th N. M. C. Weskington	ated above. DATE SIGNED Jom. 13, 1951
REMOVAL (Specify) 114/51 FORTLING	RY OR CREMATORY LOCATION (City, town, or equity	
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE WILLIAM BEG. 15-51	Legistry Harlon 641	ADDRESS 451 M.C.
1-16-57 James DEVOY		



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City or town. (It disside city or town limits, write RURAL and give nearestown) How long in above pice of death? Hospital, institution, or street address where death occurred: Street I How long in hospital or institution? 3. (a) FULL NAME Mary A. Develope 4. Sex J. Color or cace S. (a) Single, married, widowed, or divorced 5. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) luly 21 - 18 to 70 8. ACE: Years Months Days If less than one day hrs. 9. Birthplace Development of the state of the country, and attace) 10. Usual occupation. 11. Industry or business Savana Savana Development of the country and attace) 12. Name Development of the country of the cou	RESIDENCE (HOME) OF DECEASED: newborn infants give residence of mother) County Available (If oftside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) Iteran, name war. 3. (b) Social Security Number MEDICAL CERTIFICATION JAN 1 5 1951 FY their death occurred on the date above stated; that Tathended deceased from 1 1950 ast saw h. Available on 1950
3. (a) FULL NAME Mary A. Devictor 4. Sex 5. Color or cace 6. (a) Single, married, widowed, or divorced 5. (b) Name of husband or wife 20. DAT 21. 108 6. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 8. AGE: Years Months Days If less than one day 9. Birthplace Device Months Days If less than one day 10. Usual occupation. 11. Industry or business Assessment Device Major of the color of t	MEDICAL CERTIFICATION F DEATH JAN 1 5 1951 19 at 1951 FY that death occurred on the date above stated; that Takended deceased from 1950, to 1950
## Property of the property of	MEDICAL CERTIFICATION F DEATH JAN 1 5 1951 19 at 1 7 19 19 19 19 19 19 19 19 19 19 19 19 19
4. Sex 6. (a) Single, married, widowed, or divorced 6. (b) Name of husband or wife 6. (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) fully 21 - 18 ftf 70 8. AGE: Years Months Days If less than one day 9. Birthplace Provided Days If less than one day 10. Usual occupation 11. Industry or business Aurana Aurana Datuert 12. Name Mailean Francis Datuert 13. Birthplace Charles Co mid 14. Maiden name Mary & Free Major & Ma	F DEATH JAN 1 5 1951 19 at 1 P
6.(b) Name of husband or wife T. Birth date of deceased (mo., day, yr.) July 21 -> 18 ft 70 8. AGE: Years Months Days If less than one day Birthplace Property and atate) 10. Usual occupation Prince 11. Industry or business Advances Defined 12. Name Prince 13. Birthplace Charles Co mid 14. Maiden name Mary S. Treer 15. Birthplace Charles Co mid 16. Informant M. Autops: Physical Autops:	FY that death occurred on the date above stated; that fattended deceased from
S. AGE: Years Months Days If less than one day	- //-
10. Usual occupation. 11. Industry or business Aurana Just Delier Co 12. Name Archard Francis Delier Delier Co 13. Birthplace Charles Co 14. Maiden name Mary S. Treen 15. Birthplace Charles Co 16. Informant M. Helma Dement Address Hyattraile Md Autops: PHYSIA	cause of dageb. DURATION Cause of dageb. DURATION Cause of dageb. DURATION Cause of dageb. DURATION
12. Name William Francis Delicat 13. Birthplace Charles Co mid 14. Maiden name Mary S. Treen 15. Birthplace Charles Co mid 16. Informant M. Felma Dement Address Hyattraile mb	arterocletois heard see 2 yes
14. Maiden name Mary & Free Major & 15. Birthpiace Cherles Co MM 16. Informant M Aluna Dement Address Hyattroide Md PHYSIA	
14. Maiden name Mary & Free Major & 15. Birthpiace Cherles Co MM 16. Informant M Aluna Dement Address Hyattroide MD Autoper PHYSIA	
18. Informant M. Alura Newest My Autops: Address Hyaltroice mo PHYSIC	(Include pregnancy within 3 months of death) lings of operations
Address Hyallsould 1100	esults
	ENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	suicide, or homicide
	SIEM C. T. HOISE CO.
18. Funeral directed wind X Ryon Means:	Injury occur?
Address Walker Jone	Injury occur?



The correct age

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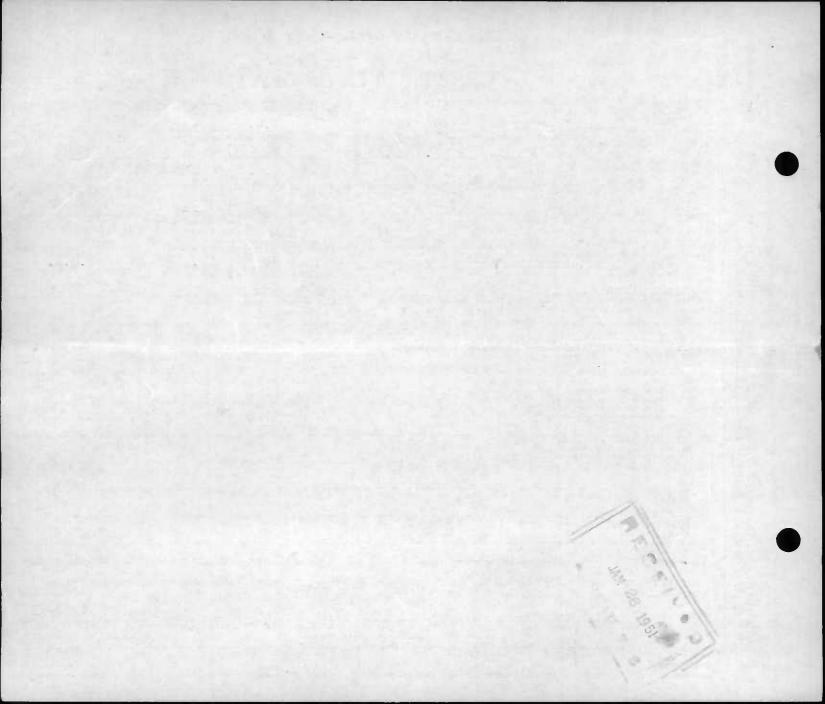
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

g. Dist. No. 243

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Prince Georges MARYLAND	D.C. COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest to	wn)
	Ha TOWN Washington	- 41
HOSPITAL OR	STREET D.C. Home (Itrural give logation) ADDRESS D.C. Home I'or Aged, Blue Plains	
STREET ADDRESS Glenn Dale Sanatorium	Blue Plains	V
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print)	PIVVEK JR. DEATH / 20	1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) wildowed	8. DATE OF BIRTH 2. AGE last birthday If under I year If under	der 24 hrs.
10m. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) Telephone Co., lineman	Prince Georges Co., Md COUNTY A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Divver	Mary Mack	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of lervice) (lost)	Decedent	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL ONSET AN	
Immediate cause (a) Pulmon	and Tuleralosis 1416	the
Immediate cause (a)		
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause	## 40 PP 40	
stating the underlying cause last		- 100
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	LEXIC DE LES CONTRACTOR DE LA CONTRACTOR	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUT	PSY1
	Yes	No 🛭
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STA	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
OF While at Not While		ceased
OF While at Not While Not Work At work 22. I hereby certify that I attended the deceased from 7 - 2.7	7-, 1949, to 1-20-1957, that I last saw the de	
OF INJURY m. While at Not While Work At work	7. 1949., to 1-20-1957., that I last saw the de	e.
22. I hereby certify that I attended the deceased from 7-2.7 alive on 1951, and that death occurred at 1 SIGNATURE (Degree or title)	7, 1949, to 1-20-1951, that I last saw the de 30.7: m., from the causes and on the date stated above ADDRESS Glenn Dale Sanatorium	e. IGNED
22. I hereby certify that I attended the deceased from 2 3 alive on 1951, and that death occurred at SiGNATURE (Degree or title)	7. 1949, to 1-20-1957, that I last saw the de R. 30.7: m., from the causes and on the date stated above ADDRESS Glenn Dale Sanatorium DATES Glenn Dale, Maryland 1/20	e. IGNED
22. I hereby certify that I attended the deceased from	Glenn Dale, Maryland 1/20 RY OR CREMATORY LOCATION (City, town, or county) The state of the causes and on the date stated above the causes and on the date stated above the causes and on the date stated above the cause of the causes and on the date stated above the cause of th	IGNED State) State The state of the state
22. I hereby certify that I attended the deceased from 2-3. alive on 20-, 1951., and that death occurred at 1951. SIGNATURE (Degree or title)	7. 1949, to 1-20-1957, that I last saw the de R. 30.7: m., from the causes and on the date stated above ADDRESS Glenn Dale Sanatorium DATES Glenn Dale, Maryland 1/20	IGNED State) State The state of the state
22. I hereby certify that I attended the deceased from 2-2 alive on 1-20-, 1951, and that death occurred at Signature (Degree or title) 23. BURIAL CREMATION DATE THEREOF SAME OF CEMETE REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Glenn Dale, Maryland 1/20 RY OR CREMATORY LOCATION (City, town, or county) The state of the causes and on the date stated above the causes and on the date stated above the causes and on the date stated above the cause of the causes and on the date stated above the cause of th	IGNED State) State The state of the state



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

Evidence for changes in 8 & 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

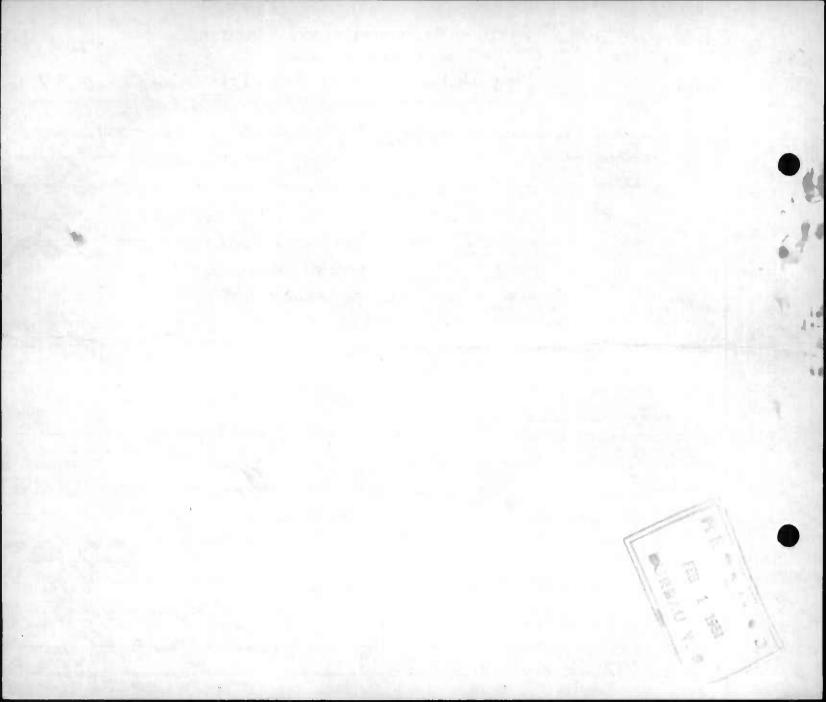
2411 N. Charles Street, Baltimore

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1 BLACE OF DEATH: 8 195 CERTIFICATE OF DEATH

Reg. Dist. No. 234

	A VICTURE DESCRIPTION (VOLUME) OF DESCRIPTION	
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	Pr. Geor
Prince George MARYLAND	makgland	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In this place) TOWN Richard (Rural)	OR TOWN Riend Q Rusal	e nearest town)
HOSPITAL OR	STREET (If rural, give location)	/
INSTITUTION OR STREET ADDRESS 7850 Old FORT Rd.S.F	ADDRESS 7850 Old Fort	RUSIE
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Katherine V. Donal	ld Son DEATH January	27 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 76 9. AGE last birthday If under	
WIDOWED, DIVORCED,	aug 24, 18 75 74 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on		CITIZEN OF WHAT
done during most of working life, oven if retired) INDUSTRY	Washington D.C.	COUNTRY?
13. FATHER'S NAME 12 Wm of July	14. MOTHER'S MAIDEN NAME	2
4 F	Cation Surah C	Lucen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT	
service)	Katherine V. Li	9994
18. MEDICAL CER	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
5		Oliser Alle Diskin
Immediate cause (a) BRIGHTS	Disease	core muth
420 A		0
Antecedent cause(s) A PT - S	cherotic Heart Disease	several
Diseases or conditions, if any, (b) JY L L C / O - C giving rise to the above cause		
stating the underlying cause last	· O - O - D a to the -	+ years
	rsion, Cardiac Decompens	le on 0
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Report	stains at death occurre	e
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	a lo contanen	20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office hldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	9. 1957, to 1 - 27, 1957, that I last sr	w the deceased
alive on		ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
anna Corpue Toold, M.D.	7274 Talmer Rd 5.1=	1-27-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
BREMOVAL (Specify) Jan 30+951 Columber	2. Jargens Willington	Va
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS WIL
(REG. 7 - 1957	THE WILL GO SE THE	1 July



MARGIN RESERVED FOR BINDING

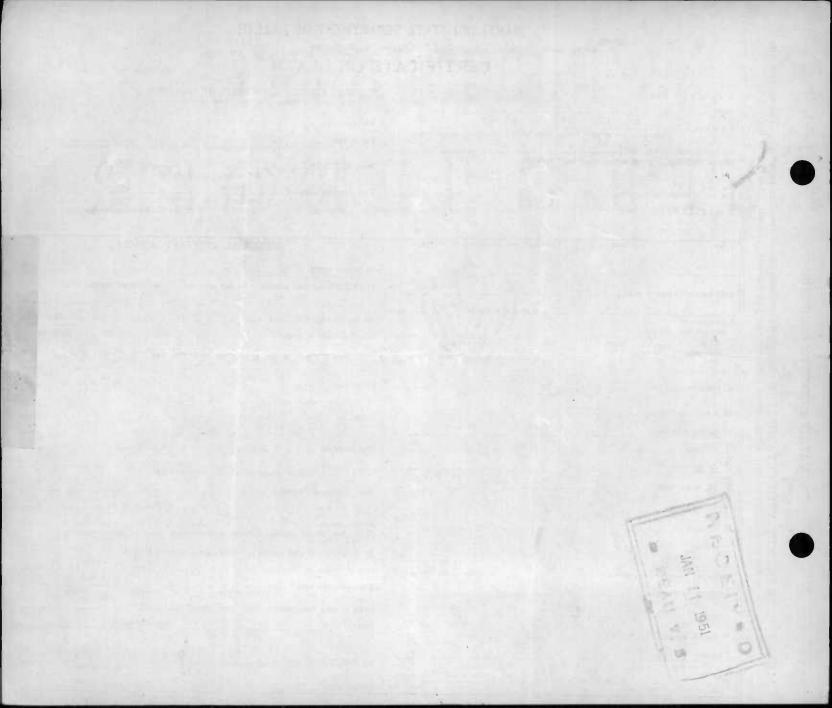
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		1600240
Reg.	Dist.	No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Prince George	State MAYLAND County Prince George	
City or town	.	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)	
	Sireet No. LalesTasod, Md	
Westwood Md (Rumb)	(If rnral, give LOCATION)	
How long in hospital or institution? Nose	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
1	Nove	
4. Sex 5. Color or rade 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
	- 0	
MAle Negro Single	20. DATE OF DEATH. VANDANY 5 19.5% at 11:3 A.M	
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband or wite	November 18 50, 10 VANUMY 18.5	
7. Birth date of	and that I last saw h and alive on Vanagy 4 195	
deceased (mo., day, yr.)	Immediate cause of death. Coronary Thrombos. OURATION	
8. AGE: Years Months Days It less than one day	V	
5-4 3 16hrsmin.		
Westwood Md Prince George	Oue to Confection Least failure	
9. Birthplace (Town, county, and state)	OUE 10. Assertion	
10. Usual occupation	. Verson Dem	
	Oue to	
11. Industry or business FATA NA	11	
12. Name Vos epa Diager 13. Birthplace Caskaras	Other conditions U and con William	
	420.1 94a (Include pregnancy within 3 months of death)	
14. Maiden name Chariot Verkins 15. Birthplace MARY/ANd	Major findings of operations. None	
15. Birthplace MATY/ANd	major madags of operations	
	Autopsy results. Nove	
18. Informant Volu D. Townshend	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Westwood, Md.	22. VIOLENCE: If death was due to external causes, till in the following:	
17 Bureal Date thereof 1-8-50	Accident, suicide, or homicide	
(Burial, cremation, or removal. Which?) (month) (day) (year)		
Cemetery or crematory. St Philip	Where did injury occur?	
Rust agasco ma	Injured at home, farm, Industry, public place (where?)	
Location	Masns of injury injured at work?	
18. Funeral director Furth & Ry on	11: 231:	
Address Waldry (mo	Cliston K. Hours, mid.	
Find & Mario	23. SIGNATURE M. D. or other	
19. (Date ree'd by registrar) (19. (19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Address Box 261 legge hallong he Date signed VAN 5 195	
(Date rec d by registrating au . 9, 195) + Frankling Reci	100105	



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

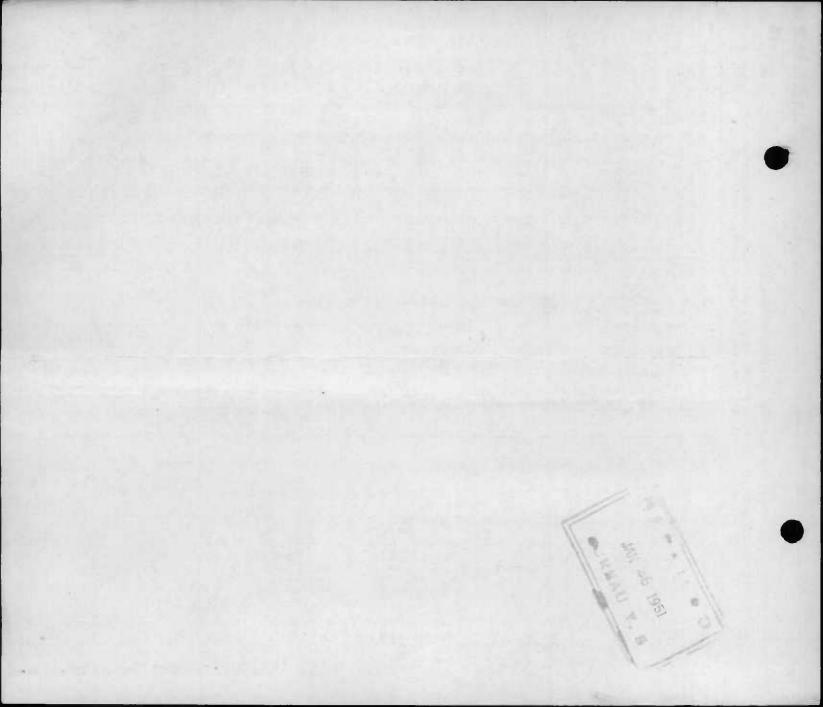
VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

	U	6	36	2	32	_
eg.	Dist.					

	RCE. Dist. No
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND	STATE and COUNTY PS
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest, town) (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
TOWN where marcharo Life	TOWN / hural tells / 2 resqe
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS	upper Marlovo, Ma
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year
(Type or Print) /Erm 2	Eades DEATH Jan 19 190
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24! About 1988 2 vrs. West Months Days Hours M.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH. COUNTRY L.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Cades	Sadie Ennia
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (If yes, give war or dates of service)	mother.
18. MEDICAL CE	RTIFICATION
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWE
/A >	1 + 1 - 1
Immediate cause (a) Congestive	Karl Failure 3days.
Antecedent cause(s)	11 + 11
Diseases or conditions, if any, (b)	tar phreage the
giving rise to the above cause 157 p stating the underlying causa last	
(c) (Verefinal 1)	also - Buth english Life.
II. OTHER SIGNIFICANT CONDITIONS	The state of the s
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not while work at work	
22. I certify that I took charge of the remains described above, held an A	ased died on the day stated above, and death in my opinion resulted
Kro damer mo	reper marther and 20 Jan 5,
DEMOVAL (Cuarifus)	RYOK CREMATORY LOCATION (City, town, or county) (State)
Removal 1/20/51 University	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan. 19-1951. Carra to 2 1000	Ritchie Bros Upper Marlboro Md.
R. R. Smith	1/1/1/1/
and the same of th	VVV VVV



2411 N. Charles St., Baltimore

240	
Dist. No. 540	

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
6.(b) Name of husband or wife	20. DATE DF DEATH 3 19 31 218 30 Pm 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 31 to 19 31 and that I last saw h. 2 alive on Advanced to 19 3 19 3 19 3 19 3 19 3 19 3 19 3 19
7. Birth date of deceased (mo., day, yr.) May 20-1882 8. AGE: Years Months Days It less than one day hrs. min. 9. Birthplace. Brandquoind Months. min. 10. Usual occupation. MS. Sovermet Clesse.	Immediate case of death Apopland DURATION Due to Aythours Stateman 2 Due to Aythours Stateman 2 Due to Aythours Stateman 2
12. Name Charles & Carly 13. Birthplace 14. Maiden name Dearg in Harry 15. Birthplace 16. Informant Charles & Carly 17. Name Charles & Carly 18. Informant Charles & Carly 18. Informant Charles & Carly	Dither conditions
Address 17. Build Date thereof (month) (day) (year) Cemetery or crematory. St Vaul Location Date thereof (month) (day) (year) 18. Funeral director Hund + Ryth Address Walder Male	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
19. (Dute rec'd by registrar) Bellungsley Registrar	Address Waydorf Md Date signed 115

Superity hadred

2411 N. Charles Street, Baltimore

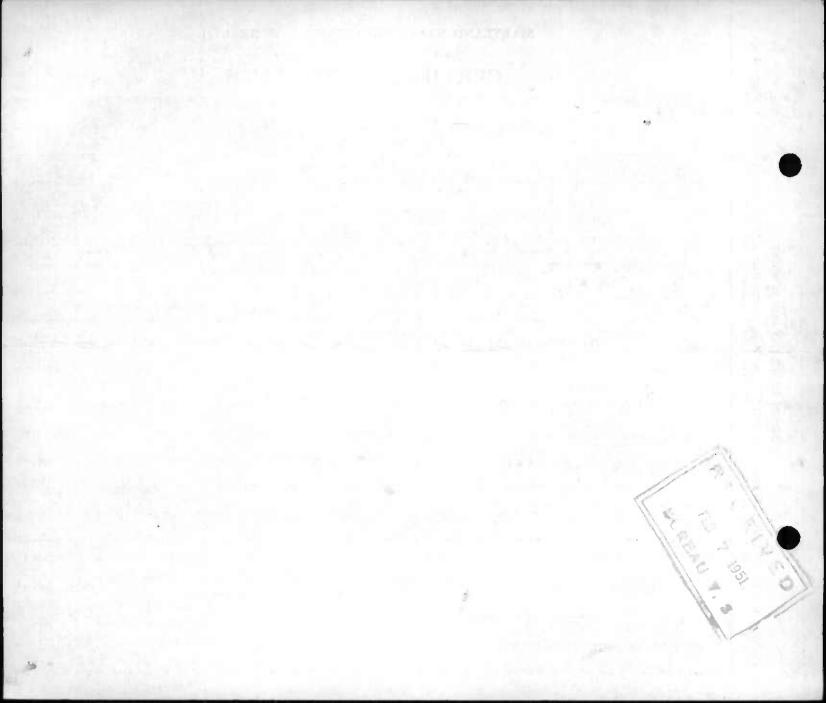
CERTIFICATE OF DEATH

1754 Reg. Dist. No.2 42

I. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE	ha
CITY (If outside corporate limits write RURA) and LENGTH OF STAY OR given treat town. (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OF THE STREET ADDRESS THE HOSPITAL	STREET ADDRESS / 6 Country &	treet /
3. NAME OF DECEASED (Middle) (Type or Print)	Client 4. DATE (Month) OF DEATH	(Day) (Year)
5. SEX 6. COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	Feb 12, 1889 61 yrs. Months.	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF RUSINESS OR dome drift; most of syrking life, even if retired) TUETRY	maryland F	2. CITIZEN OF WHAT
Thomas H. Elliott	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (1f year, give war or dates of service)	17. INFORMANT Hall	
18. MEDICAL CI	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Werne		nno seoli dei dei le
Antecedent cause(s)		,
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	secural dire	ALB.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		900 00 00 00 00 sendrat sandad opdoroges comuniti
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1944, token 3.1, 195, that I last	saw the deceased
alive on 195. I, and that death occurred at	3 Pm from the causes and on the date s	tated above.
SIGNATURE (Degree or title)	ADDRESS O DO IA	DATE SIGNED
BURIAL CREMATION DATE NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or cour	aty) (State)
REMOVAL (Specify) Fet. 3-195/ Cedar His	a Cemetery Suittorned	md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/-/60/	W. W. Chambre to. 517-	ADDRESS 11 St. J. E.
Jan J-1811 Police T. Ordine	79.01	0
	10086	7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



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PLAINLY, is especially i

WRITE

PLEASE

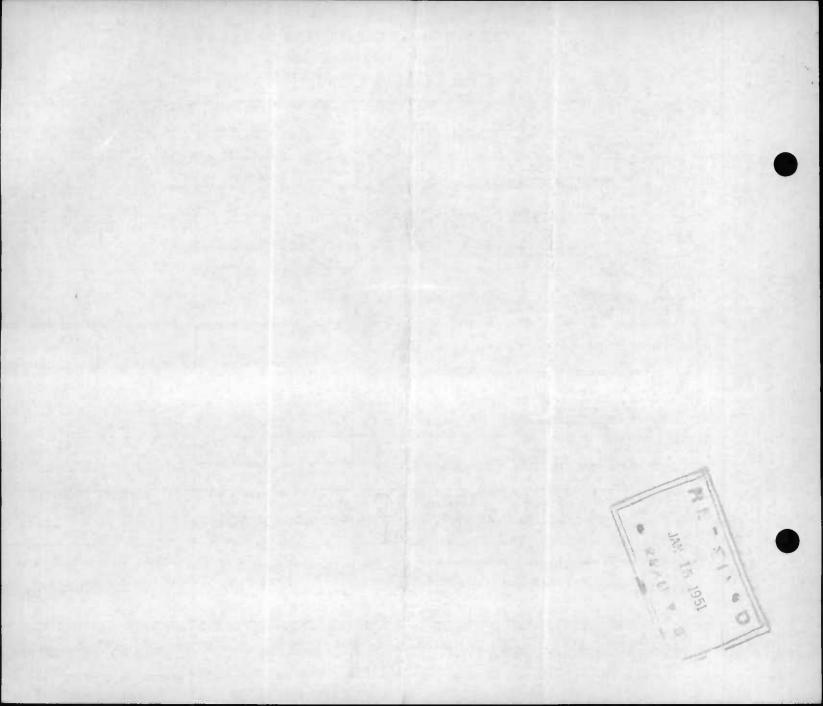
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY STATE COUNTY RINCE MARYLAND CITY (If outside eproparate limits, write RURAL and give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) Lim this place TOWN TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) DEATH 197 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 6. COLOR OR RACE 8. DATE OF/BIRTH 9. AGE iast birthday If under I year | If under 24 hrs Months | Days | Hours | Min. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY done during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 405 Immediate cause 26 4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bidg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY TIME (Month) (Hour) INJURY OCCURRED (Day) (Year) HOW DID INJURY OCCUR? While at Not While INJURY Work At work ___ 195 /, that I last saw the deceased 22. I hereby certify that I attended the deceased from ... and that death occurred at 5 77 m., from the causes and on the date stated above. alive on. ADDRESS SIGNATURE (Degree or title) DATE SIGNED -12-5 23. BURJAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR ADDRESS



2411 N. Charles Street, Baltimore

CEDTIFICATE OF DEATH

390906

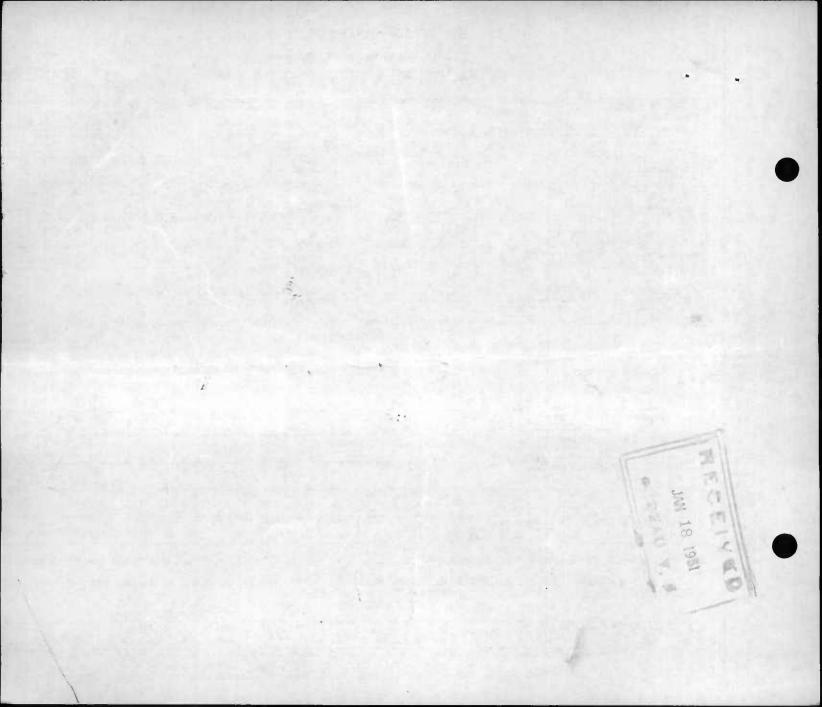
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CERTIFICAT	E OF DEATH Reg. Dist. No.	. 170
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Prince George MARYLAND	STATE Maryland COUNTY	Prince Gear
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
OR give pearest town (in this place)	TOWN Riverdale	
HOSPITAL OR INSTITUTION OR I I I I I I I I I I I I I I I I I I	STREET (If rural, give location)	
STREET ADDRESS Lejand Memorial Hospital	ADDRESS 4000 Jucens Gary	Rd.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) /VIZYIE Columbia	telter DEATH Jan	15 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under Months.	1 year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIFTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of vorking life, even if patited) INDUSTRY	10 ach 70	GOUNTALY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.JH.
Walter Wilson Watering	Rosa de math	- 1
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of service)	Chart	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
The basis of our sound and the basis of the	deniens han.	UNSET AND DEATH
Immediate cause (a)	18 - Duo ouroge	1 any
STAX Antondord source(a)		
Antecedent cause(s)	Ceteriosce Cousis	10 gres.
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	The second of the second	10 400
II. OTHER SIGNIFICANT CONDITIONS	omercus reparus	107
Conditions contributing to the death but not related to the disease or condition causing death.		4 years
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 12
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY Mhile at Not While Work At work	4	
INSURE AC WOLK [] AC WOLK []	20 Al 112 DI	
22. I hereby certify that I attended the deceased from	, 1937, to 185, 193, that I last s	aw the deceased
15 15 1051		
alive on 1994, and that death occurred at	ADDRESS	ated above. DATE SIGNED
11011111111 7. 8	12 1 - 0 7- 1	DATE SIGNED
a will mo	17 wers are, mel	1-15.51
23. BURIAL, CREMATION DATE REMOVAL (Specify)	RY OR, EREMATORY LOCATION (City, town, or count	y) m (State)
DATE REC'D BY LOCAL MEGISTRAR'S SIGNATURE	124 EVINDRAL DIRECTOR	1
REG. 16 1957	I Hack Some Thether	ADRESS
real 10. 1731 seems Nevery	100 repetito	

The PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

Sorrect age

VS. A15



2411 N. Charles Street, Baltimore

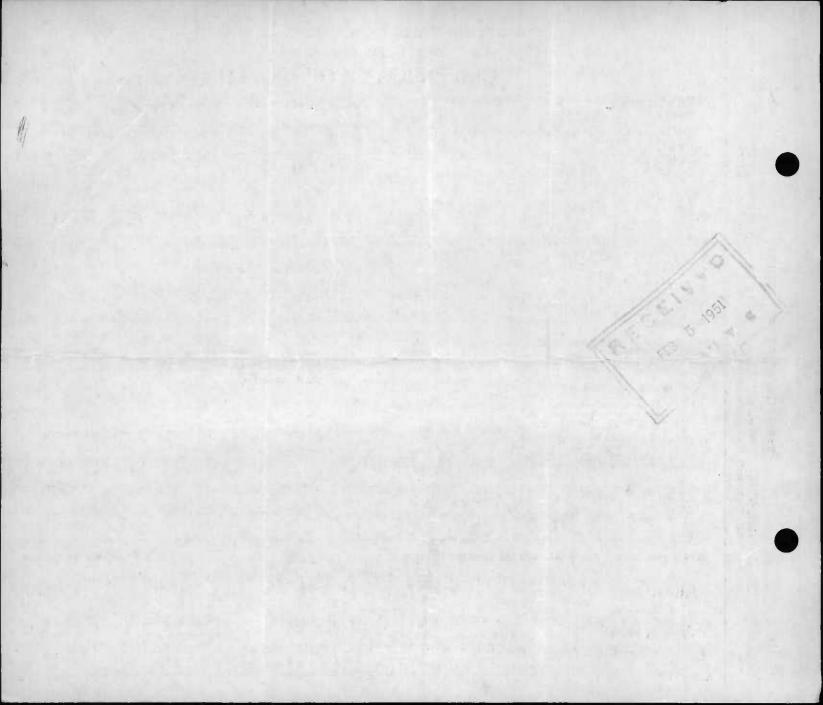
CERTIFICATE OF DEATH

79,

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50/346

1. PLACE OF DEATH: COUNTY CICL Serge'S MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	20
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside exporate limits, write RURAL and give neares	uo.
OR give nearest town) TOWN (Hereby States)	TOWN Gerwyn	t town)
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS MUC Deorge & Seneral Most.	ADDRESS 5,000 Hollywood Rd.	
3. NAME OF (First) / (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) HARRY IRVING	Fletcher DEATH Jan 31	195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year	
WIDOWED DIVORCED, (Specify) Mirried	Jaw. 17, 1875 76 yrs. Months. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	A1. BIRTHPLACE (State or foreign country) 12. CITIZE	N OF WHAT
Done during most of working life, even if retired) Inpustry Noute and		nc.s
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
WILLIAM LEE FLEICHER	MARGARET ANN JENKINS	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS 5000 HOLLY W	200 PD
(Yes, no, or unknown) (If year, give war or dates of 579-18-6727 A)	MARY P FLETCHER, BERWYN MI	
18. MEDICAL CE	RTIFICATION	AL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		AND DEATH
La multon	le let 0 1. Ton of	
Immediate cause (a)	e vigere preparece f	
Antecedent cause(s) the spelen, seids	le Septre Infarctions of	
Mitteedent campe(p)		
B 1		
Diseases or conditions, if any, (b) Brancho presumous	A.	
giving rise to the above cause		·
giving rise to the above cause stating the underlying cause last (c) Chronic Cystitis II OTHER SIGNIFICANT CONDITIONS		
giving rise to the above cause stating the underlying cause last (c) Chronic Cyaliting II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	arcinoma of Prostate	**************************************
giving rise to the above cause stating the underlying cause last (c) Chronic cystitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	arcinoma of Prostate	ITOPSY?
giving rise to the above cause stating the underlying cause last (c) Chronic cystitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	arcinoma of Prostate 20. A	JTOPSY?
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giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE 10 OF office hidg., etc.)	(CITY OR TOWN) (COUNTY) (S	X No 🗆
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OFFICE OF While at Not While	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCURT	No D
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giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While Work At work 22. I hereby certify that I attended the deceased from // 2 alive on // 195 //, and that death occurred at //	(CITY OR TOWN) (COUNTY)	No Date No deceased
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) SUICIDE OF office hidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Not While Not While Not Work At work 22. I hereby certify that I attended the deceased from 12 3	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 195, to 195, that I last saw the ADDRESS DAT	No D
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giving rise to the above cause stating the underlying cause last (c) Chronic Cyalitics II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from 12 alive on 130 and that death occurred at SIGNATURE (Degree or fitle) 23. BURIAL, CREMATION DATE NAME OF CEMETE:	(CITY OR TOWN) (COUNTY)	No Date No deceased
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE (INJURY) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY) OF (While at Not While INJURY) 22. I hereby certify that I attended the deceased from 12 3 alive on 19 40 , 19 40 and that death occurred at 19 (Degree or fittle)	(CITY OR TOWN) (COUNTY)	deceased ove.
giving rise to the above cause stating the underlying cause last (c) Chronic Cystitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY While at Not While work At work 22. I hereby certify that I attended the deceased from // 2 alive on // 30 and that death occurred at // SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE REMOVAL (Specify) FEB 21951 CEOAR DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE	CITY OR TOWN) (COUNTY)	deceased ove.
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE (INJURY) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY) 22. I hereby certify that I attended the deceased from 12 alive on 19 and that death occurred at 19 signature (Degree or title) 23. BURIAL, CREMATION DATE NAME OF CEMETE: BEMOVAL (Specify) FEB 2195/ CEOAR 19	(CITY OR TOWN) (COUNTY) (COUNTY) (COUNTY) (COUNTY) (SOUNTY) (SOUNTY)	deceased deceased sove. (State)



2411 N. Charles Street, Baltimore

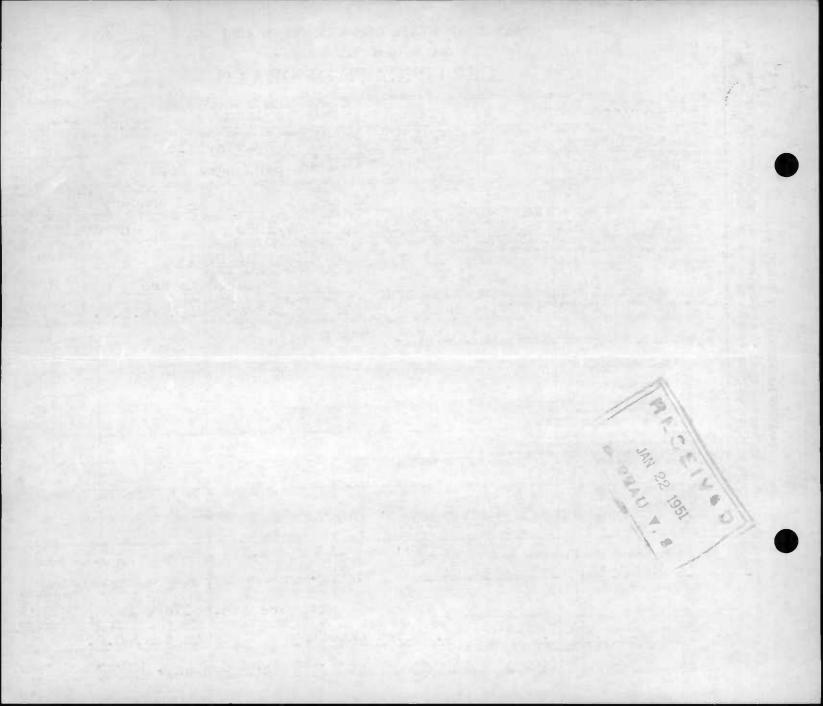
CERTIFICATE OF DEATH

1750

Dist. No. 24/5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH.				
COUNTY Prince Georges		2. USUAL RESIDENCE (HOM.	E) OF DECEASED	
	MARYLAND	STATE Maryland	COUNT	Y
CITY (If outside corporate limits, write RURA)	and LENGTH OF STAY	CITY (If outside comments to	FLITTEE	Georges
TOWN HYAI TSVILLE	8 mo 2 lace) da	CITY (If outside corporate iir	itu, write RURAL and gi	ve nearest town)
Woodhart on	10 mo ST da		ville	
HOSPITAL OR	3	STREET	(If rural, give location)	
INSTITUTION OR 6403 Ager R	bad	ADDRESS 6403 Age	er Road	
		11	11000	
3. NAME OF (First) DECEASED TIME	(Middle)	(Last) 14.	DATE (Month)	(Day) (Year)
(Type or Print) LINDA	JEAN FR	ANZEN	OF TOWNS	(Day) (Year)
(1) pe of 1 line)			DEATH Danuary	17th, 195
. SEA	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. A	E last birthday If under	1 year ill under 24 ha
Female White	(Specify) SINGLED,	April 27/1950	Months.	Days Hnurs Min.
On. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR		yra. (~ ==
done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or fore	gn country) 12	CITIZEN OF WHAT
done during most of working life, even if retired)	none	Washington, D	C	COUNTRY USA
3. FATHER'S NAME		1 14 MOTHERIC MATERIA		USA
Coongo Toba Tara		14. MOTHER'S MAIDEN NAM	1E	
George John Fran	izen	Lee Jeannette	LaFaro	
5. WAS DECRASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.			
I es, ho or unknown) [(If year, give war or dates of)		17. INFORMANT AND ADD	KESS	
nervice) DUNE	none	George J.Franze	en, Wash.D.C	•
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	uen goles m			Sura brek
				100 am 40 000400000 s pag tank and 444 commission de
related to the disease or condition causing death.				NO OW AS GROOCH 1 SAS SAS GROOM WAS GROOT AS
related to the disease or condition causing death.	DINGS OF OPERATION			10 to 40 to 0000000 x 000 000 00000000000000000
related to the disease or condition causing death.	DINGS OF OPERATION			20. AUTOPSY?
related to the disease or condition causing death. 9a. DATE OF OPERATION 19b. MAJOR FIN				W.
related to the disease or condition causing death. Da. DATE OF OPERATION 19b. MAJOR FINE 1. ACCIDENT (Specify) PLACE	(Home, farm, factory, street.	(CITY OR TOWN	(COINTY)	Yes 🗆 No 🕭
related to the disease or condition causing death. 9a. DATE OF OPERATION 19b. MAJOR FIN 1. ACCIDENT (Specify) PLACE SUICIDE OF	(Home, farm, factory, street, office bidg., etc.)	(CITY OR TOWN	(COUNTY)	W.
9a. DATE OF OPERATION 19b. MAJOR FIN 1. ACCIDENT (Specify) PLACE OF HOMICIDE OF INJUR.	(Home, farm, factory, street, office bldg., etc.)	0 0 0 0 1	(COUNTY)	Yes 🗆 No 🛣
PLACE OF HOMICIDE TIME (Month) (Day) (Year) (Hour)	(Home, farm, factory, street, office bldg., etc.) NJURY OCCURRED	(CITY OR TOWN) HOW DID INJURY OCCUR?	(COUNTY)	Yes 🗆 No 🛣
related to the disease or condition causing death. 9a. DATE OF OPERATION 19b. MAJOR FIN 1. ACCIDENT (Specify) PLACE OF SUICIDE OF INJUR. TIME (Month) (Day) (Year) (Hour) IV	(Home, farm, factory, street, office bidg., etc.) Y NJURY OCCURRED Thile at Not While	0 0 0 0 1	(COUNTY)	Yes No X
related to the disease or condition causing death. 9a. DATE OF OPERATION 19b. MAJOR FIN 1. ACCIDENT (Specify) PLACE OF INJURY TIME (Month) (Day) (Year) (Hour) I OF INJURY m.	(Home, farm, factory, street, office bldg., etc.) Y NJURY OCCURRED Thile at Not While Work At work	HOW DID INJURY OCCUR?		Yes No X
related to the disease or condition causing death. 9a. DATE OF OPERATION 19b. MAJOR FIN 1. ACCIDENT (Specify) PLACE OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY m.	(Home, farm, factory, street, office bldg., etc.) Y NJURY OCCURRED Thile at Not While Work At work	HOW DID INJURY OCCUR?		Yes No X
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FIN 21. ACCIDENT (Specify) PLACE OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY 22. I hereby certify that I attended the	(Home, farm, factory, street, office bldg., etc.) Y NJURY OCCURRED Thile at Not While Work At work leceased from July 4	How DID INJURY OCCUR?	19 ⁵] that I lest se	Yes No (STATE)
related to the disease or condition causing death. 9a. DATE OF OPERATION 19b. MAJOR FIN 11. ACCIDENT (Specify) PLACE OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY 12. I hereby certify that I attended the	(Home, farm, factory, street, office bldg., etc.) Y NJURY OCCURRED Thile at Not While Work At work leceased from July 4	How DID INJURY OCCUR?	19 ⁵] that I lest se	Yes No (STATE)
related to the disease or condition causing death. 9a. DATE OF OPERATION 19b. MAJOR FIN 1. ACCIDENT (Specify) PLACE OF INJURE HOMICIDE (INJURE) INJURE TIME (Month) (Day) (Year) (Hour) INJURY INJURY 22. I hereby certify that I attended the	(Home, farm, factory, street, office bidg., etc.) NJURY OCCURRED Work Not While Work At work leceased from July 4 that death occurred at 6	How DID INJURY OCCUR?	1951 that I lest se	Yes No (STATE)
related to the disease or condition causing death. 9a. DATE OF OPERATION 19b. MAJOR FIN 1. ACCIDENT (Specify) PLACE OF INJURY TIME (Month) (Day) (Year) (Hour) I OF INJURY m.	(Home, farm, factory, street, office bldg., etc.) Y NJURY OCCURRED Thile at Not While Work At work leceased from July 4	How DID INJURY OCCUR?	1951 that I lest se	Yes No (STATE) w the deceased ted above.
related to the disease or condition causing death. 9a. DATE OF OPERATION 19b. MAJOR FIN 1. ACCIDENT (Specify) PLACE OF INJURE 2. I hereby certify that I attended the control of Injury In	(Home, farm, factory, street, office bidg., etc.) NJURY OCCURRED Thile at Not While Work At work leceased from July 4 that death occurred at. 6 (Degree or stite)	How DID INJURY OCCUR? 19 ⁵⁰ , to Jan 17 105 Pem., from the cause ADDRESS	19.5, that I last sa	Yes No (STATE) w the deceased ted above. DATE SIGNED
related to the disease or condition causing death. 9a. DATE OF OPERATION 19b. MAJOR FIN 1. ACCIDENT (Specify) PLACE OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY 1. ACCIDENT (Specify) PLACE OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY 1. ACCIDENT (Specify) PLACE OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY (Note that I attended the considerable of the sign of the sig	(Home, farm, factory, street, office bidg., etc.) NJURY OCCURRED Thile at Not While Work At work leceased from July 4 that death occurred at. 6 (Degree or stite)	How DID INJURY OCCUR? 19 ⁵⁰ , to Jan 17 105 Pem., from the cause ADDRESS	19.5, that I last sa	Yes No (STATE) w the deceased ted above. DATE SIGNED
related to the disease or condition causing death. 9a. DATE OF OPERATION 19b. MAJOR FIR 1. ACCIDENT (Specify) PLACE OF INJURY TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the calive on Jan 16, 1951, and SIGNATURE SIGNATURE	(Home, farm, factory, street, office bidg., etc.) NJURY OCCURRED Thile at Not While Work At work Leceased from July 4 that death occurred at 6 (Degree or stite)	How DID INJURY OCCUR? 1950, to Jan 17, 105 Pem, from the cause ADDRESS Baltimore Ave.	19.51., that I last sa s and on the date sta	W the deceased ted above. DATE SIGNED
related to the disease or condition causing death. 9a. DATE OF OPERATION 19b. MAJOR FIR 1. ACCIDENT SUICIDE OF INJURY TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the calive on Jan 16, 1951, and SIGNATURE S. BURIAL, CREMATION DATE	(Home, farm, factory, street, office bidg., etc.) NJURY OCCURRED Thile at Not While Work At work Leceased from July 4 that death occurred at 6 (Degree or stite) NAME OF CEMETER	How DID INJURY OCCUR? 1950, to Jan 17, 105 Pem., from the cause ADDRESS Baltimore Ave.	19.51., that I last sa s and on the date sta	W the deceased ted above. DATE SIGNED
related to the disease or condition causing death. 9a. DATE OF OPERATION 19b. MAJOR FIR 1. ACCIDENT SUICIDE OF INJURY TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the calive on Jan 16, 1951, and SIGNATURE S. BURIAL, CREMATION DATE	(Home, farm, factory, street, office bidg., etc.) NJURY OCCURRED Thile at Not While Work At work Leceased from July 4 that death occurred at 6 (Degree or stite) NAME OF CEMETER	HOW DID INJURY OCCURY 1950, to Jan. 17 105 P.m., from the cause ADDRESS Baltimore Ave. BY OR CREMATORY LOCAT	19.51., that I last sa s and on the date sta College Park	w the deceased ted above. DATE SIGNED (State) 51 (State) 51
related to the disease or condition causing death. 9a. DATE OF OPERATION 19b. MAJOR FIR 1. ACCIDENT (Specify) PLACE OF INJURY TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the calive on Jan 16, 1951, and SIGNATURE 3. BURIAL, CREMATION DATE REMOVAL (Specify) Jan 19/19	(Home, farm, factory, street, off of the property of the prope	How DID INJURY OCCURY 1950, to Jan 17, 105 Pem, from the cause ADDRESS Baltimore Ave. Bay or CREMATORY LOCAT Cemetery Was	19.51., that I last sa s and on the date sta	w the deceased ted above. DATE SIGNED (State) 51 (State) 51
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FIRE 19b. MAJOR FIRE 19	(Home, farm, factory, street, office bldg., etc.) Y NJURY OCCURRED thile at Not While Work At work leceased from July 4 that death occurred at 6 (Degree or stite) NAME OF CEMETER Mt.Olivet (GNATURE)	HOW DID INJURY OCCURY 1950, to Jan. 17 105 P.m., from the cause ADDRESS Baltimore Ave. BY OR CREMATORY LOCAT	s and on the date sta College Park ON (City, town, or county hington, D.(w the deceased ted above. DATE SIGNED (State) 51



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1. PLACE OF DEATH-

MARYLAND STATE DEPARTMENT OF HEALTH

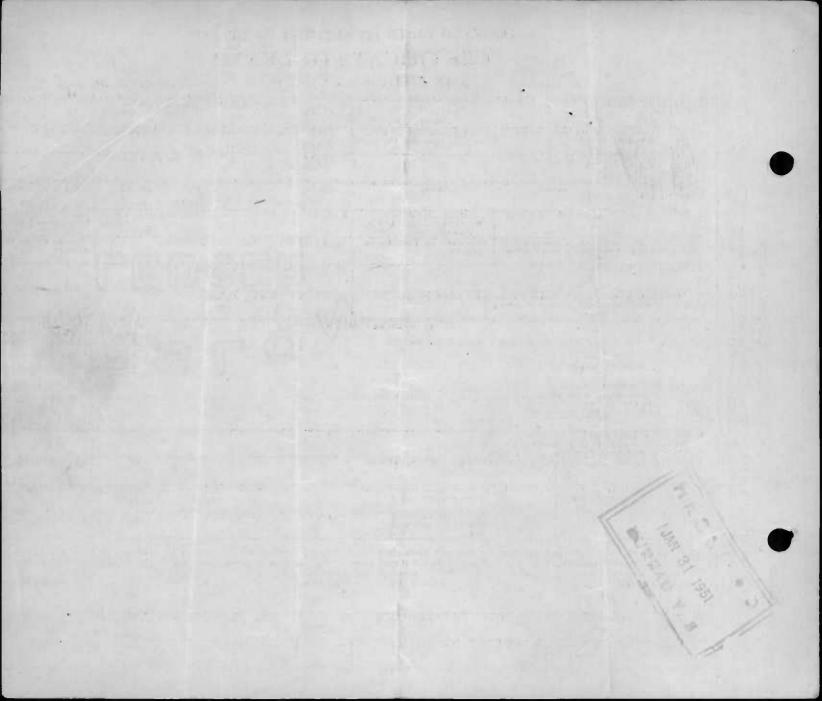
CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

STATE

2. USUAL RESIDENCE (HOME) OF DECEASED

Reg. Dist. No. 246

MARYLAND (If optside corporate limits, give nealest town LENGTH OF STAY CITY (Il ounide corpo ate limita. write RURAB and give nearest (wn) (in this place) TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF DECEASED (Type of Print) (Last) 4. DATE (Dav) (Year) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 9. AGE last birth ay | If under 1 year | If under 24 hrs | Months | Days | Hours | Min. 6. COLOR OB RACE IRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVEN IN U.S. AHMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (II yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19n. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING office bldg., etc.) CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy & Inspection I, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined ... SIGNATURE DATE SIGNED 3. BURIAL, CREMATION DATE THEREOF 291961 DATE REC'D BY LOCAL



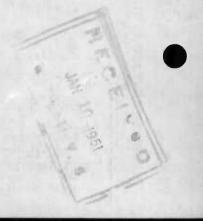
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

		1.533
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Prince George MARYLAND	STATE Maryland COUNTY	or. Geo.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
TOWN give nearest town er Heights 3in Years	TOWN ROPER Helonis, Hyarts	ville, Md.
HOSPITAL OR INSTITUTION OR MACO COLLECTION OF THE COLUMN THE COLUM	STREET (If rural, give location)	
STREET ADDRESS 5400-Gallatin street	ADDRESS 5400-Gallatin stree	<u>.</u> †.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) DONELQ 3.0. Gas	ardar DEATH Jan. 6	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If under I	year If under 24 brs. Days Hours Min.
Male White WIDOWED DIVORCED. (Specify) La rried	13/3/1310 (40 yrs.)	
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		CITIZEN OF WHAT
done during most disworking life, even if retired) Lynnspar t	ibu. Ansgar, lowa	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Edward Gaarder	Mary Gunderson	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS (Wife)	
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Myseardial 9	infarction - Colonary Thrombois	5 min.
	1	
Antecedent cause(s) Diseases or conditions, if any, (b) Previous Muyer	ardial Infairtion	2 years
giving rise to the above cause stating the underlying cause last	•	
93 de Cartenoscheratio	Heart Diseaso	2 years,
11. OTHER SIGNIFICANT CONDITIONS		0
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
none		Yes 🗆 No 🖸
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE HOMICIDE None OF office bldg., etc.)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from angust	19 48, to Nov. 1950, that I last as	w the deceased
alive on	ADDRESS	ted above. DATE SIGNED
arthur B. Reserbaum M.D.	1328 Eye St h.w. Wash	1/6/51
RicMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county	y) (State)
REMITTE PROCESS 1/9/1951 Fort Lincol	n Cemetery Colmar Manor	Md
PPC ~ A A - I - I	11-22 (1) 2/ (1)	ADDRESS
Jan. 8 1950 Mrs. Jas. Deverel Helpit	Yallou's Fundral Jonne	
o pogui	32001-R. G. ave. mt. Rainer	mol,
000 116	and the war war	, , , , ,

Coroner notified and will approve.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. NIARGIN RESERVED FOR BINDING

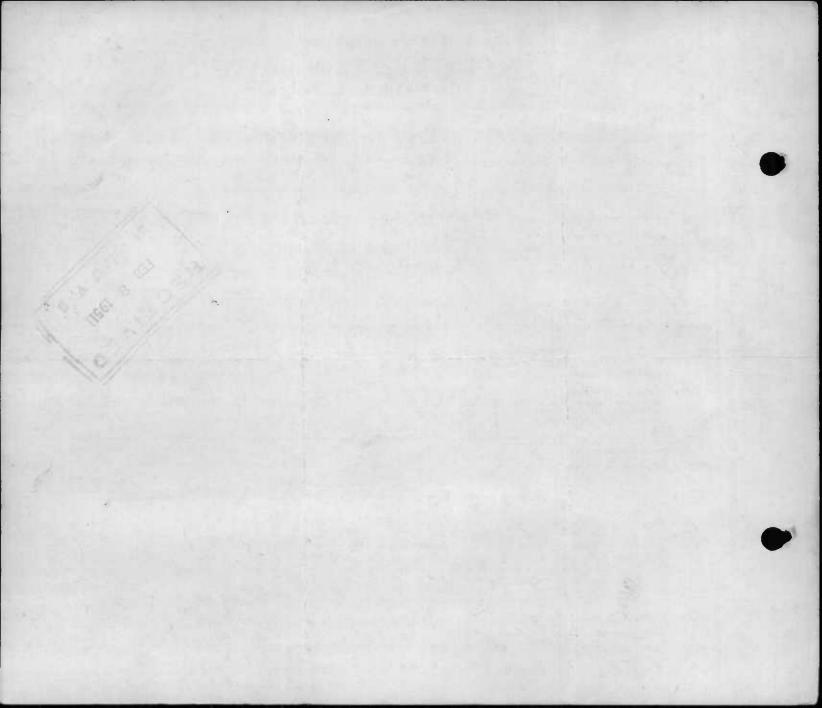
VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

11761 est Diet No 2 4/64

	TOO DIE TO	
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Truce george MARYLAND	STATE Oho COUNTY	
CITY (If outside corporate limits write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
OR give neacest (wn) (In this place)	TOWAL 39 South Wayne	street
HOSPITAL OR	STREET (If ru'al give Catlon)	1
STREET ADDRESS ON Long Farm	ADDRESS Jugua Olio	1/
3. NAME OF (First) (Middle)	(Last) 14. DATE (Month)	(Day) (Year)
DECEASED	OF \	
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	DEATH DEATH DEATH DEATH 19. AGE last birthday If under I	2 8 1951
mile white Williams,		Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
cone during most of working life, even if retired) Uppusory author	1 ohno	QUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN-NAME	
Patray Gentile	Josephin -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknowd) (If yes, give war of dates of	Vi S autorio resurd	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
C. DISEASES ON CONDITIONS DIRECTLY LEADING TO DEATH		UNSET AND DEATH
Immediate cause (a)		
8668	0.	
Antecedent cause(s) Diseases nr conditions, if any, (b)	Bushing and brown	and,
/73 giving rise to the above cause		
stating the underlying cause last	() hote	
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OTERATION		
AL DYMODYLL CAUGO WAS A DIACK III A TO	CITY OF FOUND (COLDINAL)	Yes No Q
21. EXTERNAL OUSE WAS PRIMARY FOR CONTRIBUTING OF office day, etc.) CAUSE OF DEATH.	(COUNTY)	(STATE)
	Tarento To,	, ma
TIME (Month) (Day) (Year) (Hor) INJURY OCCURRED While at Not while	19W DID INJURY OCCUR?	
INJURY 28 J n. work at work	I value clock	
22. I certify that I took charge of the remains described above, held an A	Autonsy Inspection Inquiry thereon and t	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	used died on the day stated above, and death in my	opinion resulted.
from: natural causes . accident . suicide ., homicide .,	undetermined [].	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
1 2 1 2 1 m 10	Forestiell high	1 29 1
33. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county	v)s (State)
REMOVAL (Specify)	On One State of the Country of Country of Country	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1REG 8-51 alona R. Hall	1020 the F. D. Homa	. A LO A O A CAPING



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Evidence for change in age shown on:

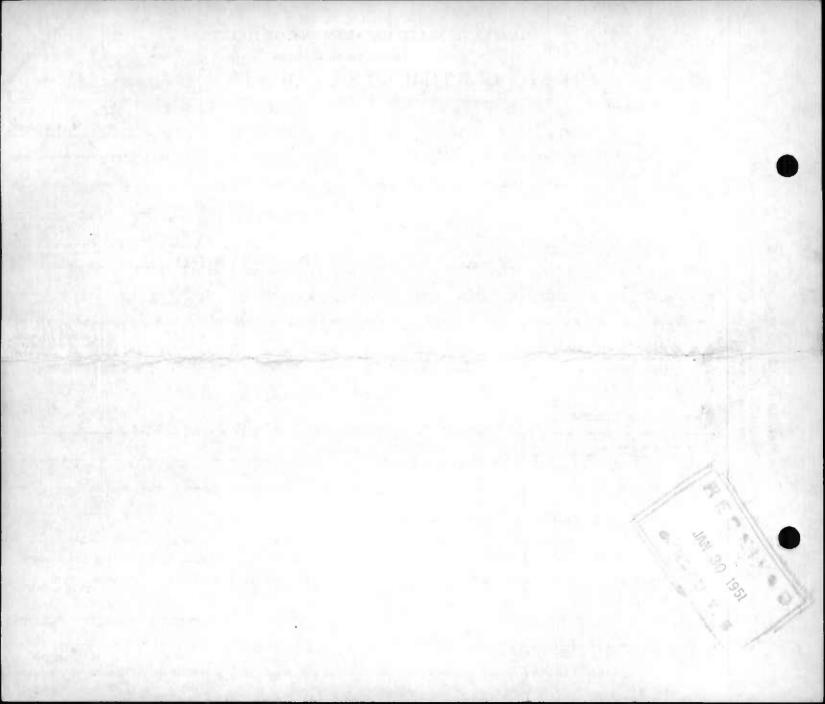
2411 N. Charles Street, Baltlmore

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- 6					

DIA No.	G	130	FFR	14 19GERTIFICATE OF DE	ATH
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Reg. Dist. No. 23/

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Prince Learns MARYLAND	STATE Med COUNT	Les Lenna
CITY (If witside corporate limits, write RURAL end) LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	re nearest town)
OR give noncest town), (in this place)	TOWN Laurel R. 41.101	
HOSPITAL OR	STREET . (If rural give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
8. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
OECEASED (Type or Print) RIChard	BSON DEATH (Month) OF DEATH (Month)	27 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9/ AGE last birthday If under	1 year If under 24 hrs.
male Colored WIDOWED, DIVORCED, (Specify) magnicel	May 25/870 357 yrs. Months	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if repred) (Andustry)		COUNTRY?
	Howard to mal	COUNTRIE
13. FATHER'S NAME , General Centre	14. MOTHER'S MAIDEN NAME	
Helson, I homas	Volio Gebson	
75. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (II yes, give war or dates of	17. INFORMANT	
(165, 16, or disknown) (12 yes, give was or dates or	Ida (ager	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 0 -0 1	INTERVAL BETWEEN ONSET AND DEATE
Rout ()	as elias Sil. De Ti	, 1
442× Immediate cause (a)	rand vincanon	1 m
Antecedent cause(s)	100 17.	10.
Diseases or conditions, if any, (b)	ocordes	10 72
giving rise to the above ceuse stating the underlying cause lest	0	
(c) Graio Nes	rat Des, Huresturia	15 Z.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	01//	
related to the diseese or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
	109/ 112 7 10570 11 171	43 3 3
22. I hereby certify that I attended the deceased from	, 195.6, to. 2.4	aw the deceased
alive on 12 7 , 195 0, and that death occurred at	/ m. from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
16 PILICAN IND DO	1.0 14.0 1-24.5	. 1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	ty) (State)
REMOVAL (Specify) Jan 26/957 Removal (Specify)	PI I C. C.	1
DATE REC'D, BY LUCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 26 - 1951	18:121 Noll 11.91-1	0 0
www. ab 7 1011 (manda Nonney	Med Trey Selly 401 Wash	any
	970 311 20	wel Ind



2411 N. Charles Street, Baltimore

		GERTIFICAT	E OF DEAT	IH Reg.	Dist. No. 240
1. PLACE OF DEAT COUNTY	uce Ted	MARYLAND	2. USHAL RESIDENCE STATE 771		COUNTY Purice Lo Co
OR give neares	corporate limits, write RU at town)	RAL and LENGTH OF STAY (in this place)	TOVAN 06- 3	ST. N.E. Mar	L and give nearest town)
HOSPITAL OR INSTITUTION STREET ADDRI	ak .		STREET ADDRESS	(If rural, give lo	cation)
3. NAME OF DECEASED (Type or Print)	BENJAMINE	(Middle)	(Last) GROVE	4. DATE (MOOF DEATH JA A	onth) (Day) (Year)
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Fef 9-1873		If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUI	PATION (Give kind of wor working life, even If retired	k 10b. KIND OF BUSINESS OR INDUSTRY	11. BHRTHPLACE (State		12. CITIZEN OF WHAT COUNTEY?
13. FATHER'S NAI		ove t	14. MODNER'S MAIDE	N NAME	
15. WAS DECRASED I	EVER IN U.S. ARMED FORCE (If yes, give you date service)	res? 16. SOCIAL SECURITY NO.	Lucyficely- 6	ADDRESS SOC-13 STN	6 M. Q. Parse
		18. MEDICAL CE	ERTIFICATION		INTERVAL BETWEEN
I. DISEASES OR C	ONDITIONS DIRECTL	Y LEADING TO DEATH			ONSET AND DEATH
Immedia	te cause (a)_	GEREBRAL	HEMORRHAGE	**************************************	2 months
Diseases or	ent cause(s) conditions, if any, to the above cause underlying cause last	HYPERTENSID	N, MODERATE	5	2 year
stating the	(e)	GENERALIZEL	ARTERIOSCL	EROSIS	nos know
Conditions contrib	ICANT CONDITIONS nutling to the death hut no ase or condition causing de	eath.			
19a. DATE OF OPI	ERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	01	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (C	OUNTY) (STATE)
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?	
		the deceased from Nontak	5, 1950, to Jaw	1.1.8., 19.5.1., that	I iast saw the deceased
alive on.	~ 18, 19.5.l.,	and that death occurred atx (Degree or title)	3.05 A.m., from th	e causes and on the	date stated above. DATE SIGNED
Emut	E. Compsen	mo 4400	Bonen Rd. S.	E. Weck 19, D.	c Jew 18, 1951
23. BURIAL, CREA REMOVAL (Spe	cify) Van 2	1-87 all Fa		Charlett &	(State)
DATE REC'D BY REG 19_	LOCAL REGISTRAR	MOUNTE	24. FUNERAL DARKET		edy mo
1-22-	57 F. N.C.	Sillingsley		U INE	105

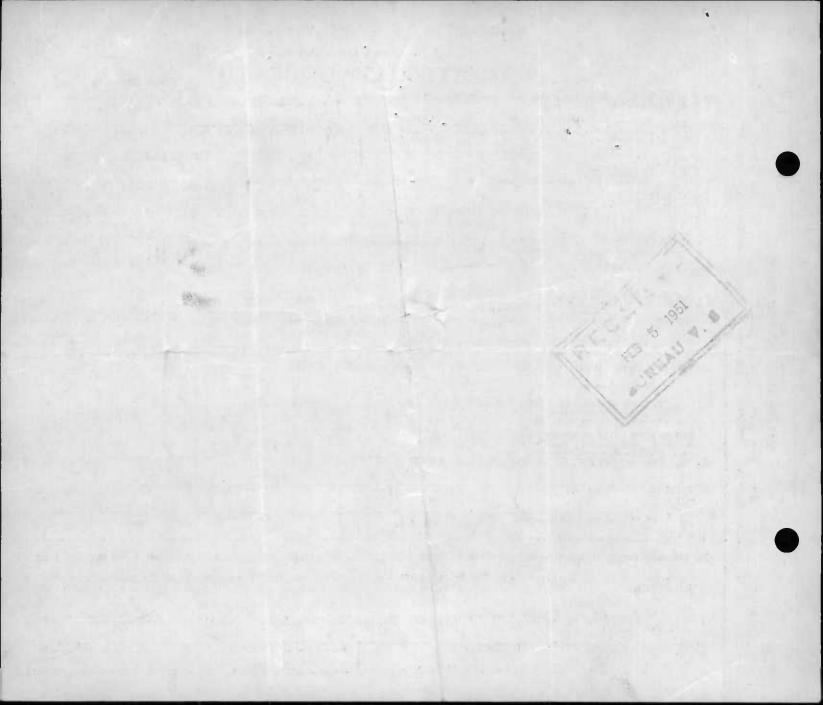
Please fillout & mail To: -Huntt + Ryon Hal. Shanks.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1. PLACE OF DEATH COUNTY COUNTY COUNTY COUNTY COUNTY OR give names a serge TOWN COUNTY OR give names a serge TOWN COUNTY OR give names a serge TOWN COUNTY OR GIVE COUNTY O			
CITY Of outside corporate livite, wite RUBAL and LENOTH OF STAY (in this place) ON WE conserve sown to the place of the pl	COUNTY		Y
OR GIVE GENERAL POWER TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN		Markendry N.C.	
HOSPITAL OR STREET ADDRESS STREET ADDRESS (First) (Midde) (Last) 4. DATE (Month) (Day) (Day) (Type or Pint) (Type or	OR give nearest town (in this place)	V OR	re nearest town)
Type or Print) S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, MOUNTAIN (Give kind of work 109, 1990. 109. USUAL OCCUPATION (Give kind of work 109, 1990. 109. USUAL OCCUPATION (Give kind of work 109, 1990. 109. USUAL OCCUPATION (Give kind of work 109, 1990. 109. USUAL OCCUPATION (Give kind of work 109, 1990. 109. USUAL OCCUPATION (Give kind of work 109, 1990. 109. USUAL OCCUPATION (Give kind of work 109, 1990. 109. USUAL OCCUPATION (Give kind of work 109, 1990. 109. USUAL OCCUPATION (Give kind of work 109, 1990. 109. USUAL OCCUPATION (Give kind of work 109, 1990. 109. USUAL OCCUPATION (Give kind of work 109, 1990. 109. USUAL OCCUPATION (Give kind of work 109, 1990. 109. USUAL OCCUPATION (Give kind of work 109, 1990. 109. USUAL OCCUPATION (Give kind of work 109). 109. USUAL O	HOSPITAL OR INSTITUTION OR A -		E. 1
19. SINGLE OCCUPATION (CIVE kind of work) (Specify) (Spe	DECEASED	OF OF	- VI W.
109. BUNAL OCCUPATION (Give kind of work processors of the processor of the principal processors of the principal principa	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under Months	1 year If under 24 hrs. Days Hours Min.
13. FATHER'S SAME STATE S	100 USUAL OCCUPATION (Give kind of work 10h. Kinn of Rusiness of		COUNTRY?
(Yes, no, or unknown) (If year, give war or dates of service) WW 18. MEDICAL CERTIFICATION 15. M	13. FATHER'S SAME J. Harlow.	14. MOTHER'S MAIDEN NAME Chief C. Caris	
Immediate cause (a) Portal Circles of Significant Conditions, if any, giving rise to the above cause stating the underlying cause last conditions contributing to the death but not related to the disease or condition causing death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 12. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (Specify) OF office bldg., etc.) 13. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (Specify) OF office bldg., etc.) 14. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (Specify) OF office bldg., etc.) 15. ACCIDENT (Specify) OF office bldg., etc.) 16. AUTOPSYT (COUNTY) (STATE) 17. ACCIDENT (Specify) OF office bldg., etc.) 18. AUTOPSYT (COUNTY) (STATE) 19. ACCIDENT (Specify) OF office bldg., etc.) 19	(Yes, no. or unknown) I (If year, give war or dates of	no Harlow wachingto	-Ll.e,
Immediate cause (a) Portal Circles Jerer Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last conditions contributing to the death but not related to the disease or condition causing death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT Yes IP No Death of the death of the death but not suiting death. 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, government of the death of the d			1
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Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last conditions on the above cause stating the underlying cause last conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYI Yes No Death of the death but not related to the disease or condition causing death. 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, UCITY OR TOWN) (COUNTY) (STATE) OF office bldg., etc.) INJURY 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, UCITY OR TOWN) (COUNTY) (STATE) OF office bldg., etc.) INJURY 22. AUTOPSYI Yes No Death of the death but not while at Not Whi	Immediate cause (a) Portal Cer	rhosis y Liser	6 mouths
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY! Yes No 21. ACCIDENT SUICIDE OF office bidg., etc.) INJURY 21. ACCIDENT (Specify) OF office bidg., etc.) INJURY 22. I hereby certify that I attended the deceased from Mile at Not While of Not While at Not While of Not While o	Antocodont canada)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 2 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Not Work At work 1 A work 2 A DDRESS 1 A WRITE A work 1 A work 2 A DDRESS 1 A WRITE A work 1 A work 2 A DDRESS 1 A WRITE A work 2 A DDRESS 1 A WRITE A	Diseases or conditions, if any, (b) Kuplures US	ophogeal Vary	3 doin
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21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) IIOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Mork Injury occurred at Not While Injury occurred Inj	Conditions contributing to the death but not		
21. ACCIDENT SUICIDE OF Office bldg., etc.) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at No			20. AUTOPSYT
21. ACCIDENT SUICIDE OF Office bldg., etc.) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at No			Von El No El
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22. I hereby certify that I attended the deceased from Adm. 26, 195, to 30, 195, that I last saw the deceased slive on all 30, 195, and that death occurred at 7.30 m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE RECO BY LOCAL PRISTRAR'S SIGNATURE 24. PUNERAL DIRECTOR ADDRESS	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
slive on	1. 3	8 1951 to Den 30 1951 that I last a	aw the decessed
SIGNATURE (Degree or title) ADDRESS DATE SIGNED 130/3 23 BURIAL, CREMATION DATE PREMOVAL Specify DATE REC'D BY LOCAL MEGISTRAR'S SIGNATURE DATE REC'D BY LOCAL MEGISTRAR'S SIGNATURE ADDRESS AD	04. 24	- • //	
DATE REC'D BY LOCAL PRESISTRAR'S SIGNATURE 24 PURERAL BIRECTOR ADDRESS?	SIGNATURE (Degree or title)	ADDRESS	
DATE REC'D BY LOCAL PRESISTRAR'S SIGNATURE 24 PURERAL BIRECTOR ADDRESS?	Famuel IV Sugary NO	7300 Raywood Lune Mt/au	ner mg/3/51
	BREMOVAL (Specily) 2/3/5/, arlington	Cemetery arlington Or	- > + /
	Dilli in in it is a second of the initial of t	Lasele sons Hyaller	ADDRESS
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2411 N. Charies Street, Baltimore

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

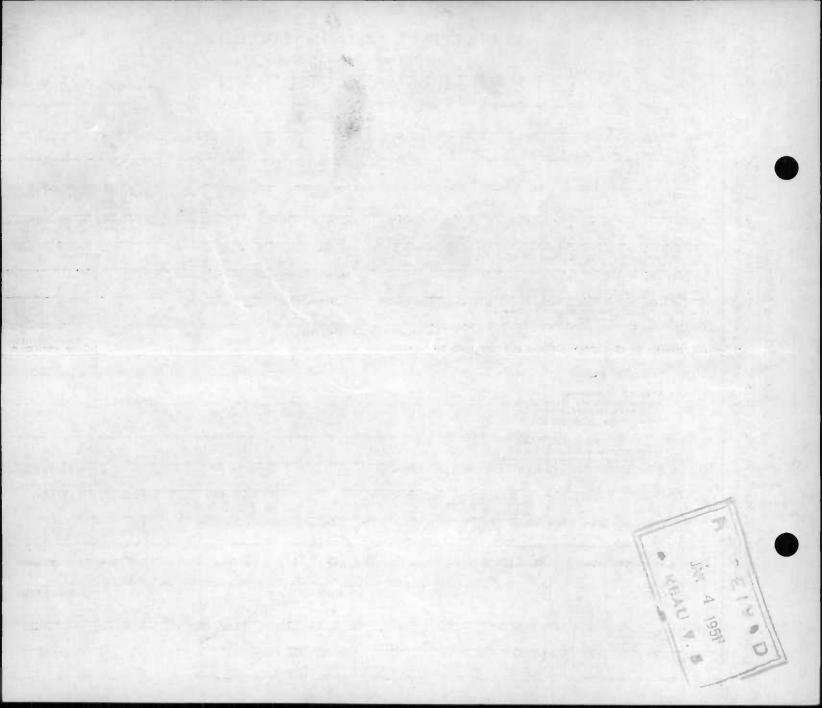
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CERTIFICATE OF DEATH

165

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
rence cloude MARYLAND	ma.
OR give nearest town). TOWN LENGTH OF STAY (in, this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyallsvill
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4/05 Coliner DV	STREET (If rural, give location) ADDRESS 4/05 Oliver Street
3. NAME OF (First) (Middle) DECEASED (Type of Print) LEILA ROOME	(Last) 4. DATE (Month) (Day) (Y HARRIS OF DEATH Jan 2
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 2 Hours Worth Days Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Industry 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W. COUNTRY?
13. FATHER'S NAME OSCAR Roome	14. MOTHER'S MAIDEN NAME Over
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	17 INFORMANT AND ADDRESS Digu St. Hydesvell 1/2
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.	INTERVAL BETY ONSET AND DI
S. DISBRISH ON CONDITIONS DIVISION IN THE DESIGNATION OF THE PROPERTY OF THE P	ONSET AND DE
Immediate cause (a) Occas (a)	clerkent team
Immediate cause	
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from.	, 19 5, to
alive on, 19 J, and that death occurred at	AUDRESS DATE SIGN
(allos Ue.h)	Kothelleld 127
REMOVAL (Specify) Jan. 4, 7951 Bock Creek	Comelly Dashington (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS V. Arthur Galters, 254 Carrae At New h



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

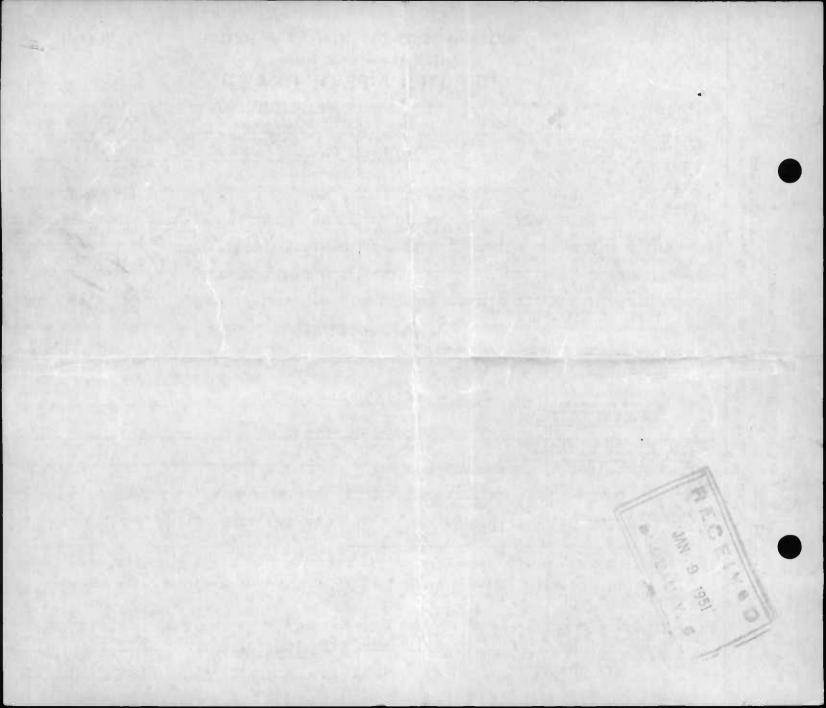
CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH. COUNTY PROCES SLORGE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Georgie
CITY (If outside corporate limits, write MURAL and LENGTH OF STAY	CITY (If outside porporate limits, write RURAL, and gr	ve nearest town)
OR rive nearly town theories 24 this place's	TOWN Syallardle nd	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 40 / (If rural, give location)	'st
3. NAME OF DECEASED (Type or Print) John Middle)	(Last) VILLON A. DATE OP DEATH OF ON	(Day) (Year)
5. SEX 6. COLOR OB RACE WIDOWED, DIVORCED, (Specify)	S DATE OF BIRTH 9. AGE last birthday II under Months yrs.	1 year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. Kind of Business Or cone during most of working life, evan if retiral) Ladustry Market	md, Belleville	COUNTEY?
George washington Harrison	14. MOTHER'S MAIDEN NAME Hopkins	-
15. WAS DECKASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (II yes, give service) 16. WAS DECKASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (II yes, give service)	Lucille Harrison Hyar	tsville ny
18. MEDICAL CEI	RTIFICATION	T
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Uneuria		24ho
//// Antecedent cause(s)	220.1	
Diseases or conditions, if any, (b) 772 cm o vocasura	and hypertensive carsio -	
giving rise to the above cause stating the underlying cause last (c) Vareular rena		Years
II. OTHER SIGNIFICANT CONDITIONS	urua	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE INJURY PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Lyd.	, 19 Vo, to Jan 7, 19 Ve, that I last s	aw the deceased
alive on Jau 6, 19 , and that death occurred at	7:10 h.m., from the causes and on the date st	ated above. DATE SIGNED
Kunalof V. Fleiselm M. D. S4	32 Queens Capel Rot. Hyattonle	c 1/7/5,
Survace (Specify) 1/10/5/ It Lin	RY OR CREMATORY LOCATION (City/town, or coun	of his
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REC' AM 8 1951 MAS . Jas , Pluese (Helpite	F Kacele sons Thyalls	orlle my
	290	621

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(1.50)

Reg. Dist. No. 945

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TOWN TOWN Hyattswille (in this place) S. OR Hyattsville	Georges nearest town)
HOSPITAL OR INSTITUTION OR 6000 Baltimore Ave. STREET ADDRESS 6000 Baltimore Ave.	
3. NAME OF DECEASED (First) (Middle) (Last) 4. DATE (Month) (Type or Print) THOMAS FRANCIS HOLDEN OF DEATH January 18	Day) (Year) 8th, 51
Male White Specify Married Jan . 23/1866 9. AGE last birthday If under 1 y Minowers Minowers Minowers Married Jan . 23/1866 84 Months. Da	19
done during most of working life even if retired) HOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) Linglineer (Retired) Washington, D.C. Cou	CITIZEN OF WHAT
Thomas Holden (Unknown)	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of none Unknown Kathryn L. Holden 6000 Balti, I	Ave.
IS. MEDICAL CERTIFICATION	, #4
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	NTERVAL BETWEEN
Immediate cause (a) Cardia e delalation	00 00 0 00 0 parties had a respect distribution of the contract of the contrac
191× Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	OD AND SEE AS A PROPERTY OF THE PROPERTY OF TH
II. OTHER SIGNIFICANT CONDITIONS	
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Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	A ATTODOVe
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20	0. AUTOPSY?
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) INJURY	0. AUTOPSY? Yes \(\text{No } \(\text{D} \) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY)	Yes No D
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (C	Yes No (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20 21. ACCIDENT SUICIDE OF office bldg., etc.) 19	Yes No (STATE) the deceased above.
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20c	Yes No (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20 21. ACCIDENT SUICIDE OF office bldg., etc.) 19	Yes No (STATE) the deceased above.



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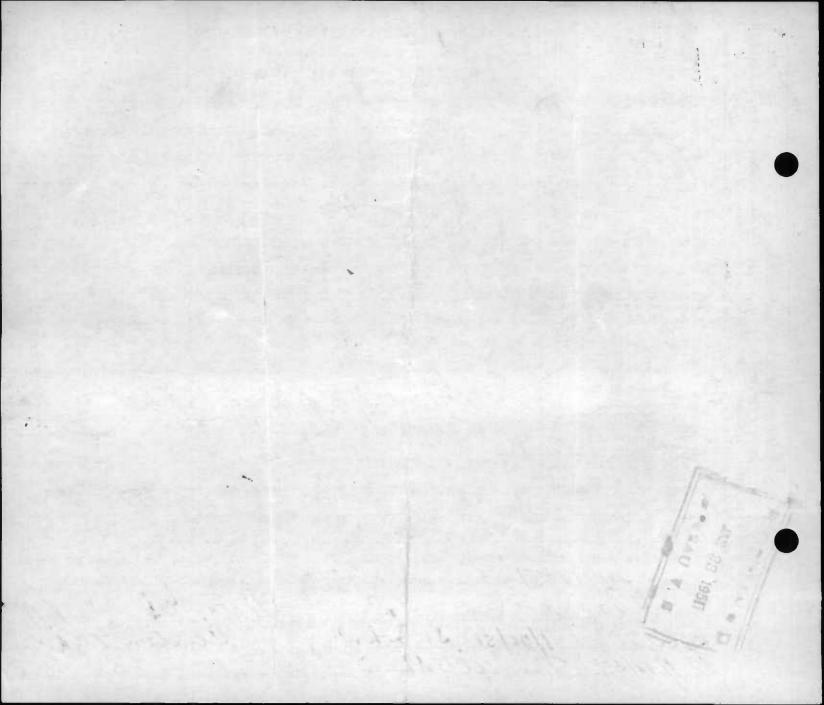
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	Dist.		0	2	1
Reg	Dist.	No.	1	4	1

1. PLACE OF DEATH OF MARY AND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS //	STREET // (If rural, give location)
3. NAME OF DECEASED (First) (First) (MACK) (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH / 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Uniformal	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR done during most of corking life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. STIZEN OF WHAT COUNTRY!
12 FATHER'S NAME INCLESON DV.	14. MOTHER'S MAIDEN NAME
15. Was Decreased Ever In U.S. Armed Forces? (Yes, no, on unknown) (If year, give war or dates of service)	Mr Jannie Donness Caustin.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Conglative	head foline.
Antecedent cause(s)	and disease (asternolo + ?
93 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Thus on the arc
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19, to, 19, that I last saw the deceased
alive on	ADDRESS DATE SIGNED
Celade Taber in D.	Clinton my Ag 16, 1957
Bremoval (Specify) 1/26/51 St. Joh	RY OR CREMATORY LOCATION (City, town, or county)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE, REG. 1/6/5/ Mrs. Clieben Dairs	24. EUNER DIRECTOR MINOS, 14320 4.32.
7. '	10/916 Hert D.C.



2411 N. Charles Street, Baltimore

CEDTIFICATE OF DEATH

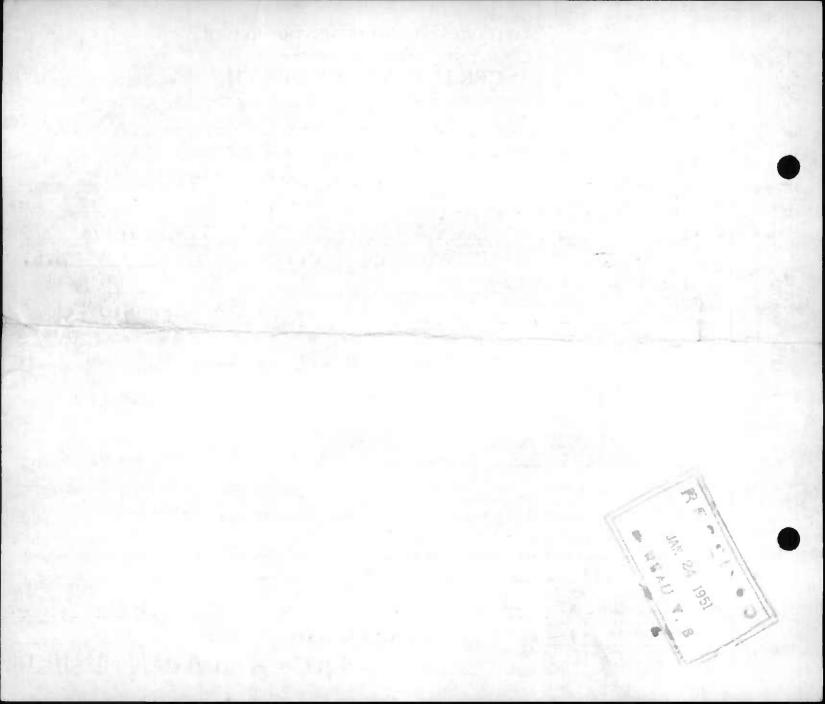
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GERTIFICAL	Reg. Dist. No.	02./.2
1. PLACE OF DEATH- COUNTY Prince Geo. Co, MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	rince Geo
OR give nearest town) TOWN Rive means that (in this place)	TOWN Fair mont Hats	-
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 605 EQSTORN A	ve,
3. NAME OF (First) (Middle) DECEASED (Type or Print)	Jackson J. DATE OMONTH) DEATH OM .	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.	8. DATE OF BIRTH 1-28-75 9. AGE last birthflay If under Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry Retired.	Virginia	COUNTRY!
Dallas Jackson	Harriet	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	Corrie Jackson - 4	vife
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Hant Diese	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Obsesses or conditions, if any, giving rise to the above cause stating the underlying cause last		•
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No (STATE)
SUICIDE HOMICIDE OF office bldg., etc.)	(COUNT)	(SIAIL)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May alive on 1951, and that death occurred at SIGNATURE (Degree or title)	3: 20 4 m., from the causes and on the date st	
23. BURIAL, GREMATION DATE REMOVAL (Specify) ATE REC'D BY LOCAL REGISTRAR'S SIGNAPORE	RYOR CREMATORY LOCATION (City, town, of coun Suffland M	d
REG. 2	AA The Datling was allen	ADDRESS

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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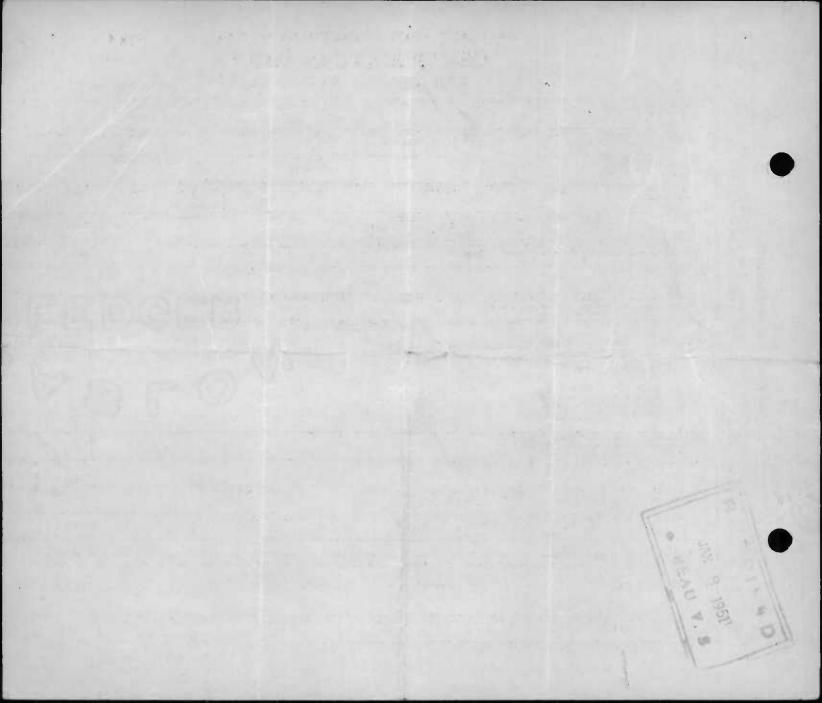
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 23/

1. PLACE OF DEATH	2. USUAL RESIDENCE (NOME) OF DECEASED COUNTY
CITY (If outside corporate limits write RURAL and 1 LENGTH OF STAY	CITY (1) and - James Starson
TOWN (in this place)	CITY (If outside corporate limits, write / tURAL and granes (lown) OR TOWN
HOSPITAL OR	STREET ADDRESS 9 (4/7 (If rural, give location)
STREET ADDRESS 2613 - Crust Twe	ADDRESS 2613 Crest Cive
3. NAME OF DECEASED (First) (Middle)	(A. DATE (Month) (Day) (Year)
(Type or Print) Canabally M Connect	DEATH OM . 5 195/
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify)	5 DATE OF BIRTH 9. AGE last tathday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 1 10b. Kind of Biigrams or	VM. BIRTHYLACE (State or foreign dountry) 12, CITIZEN OF WHAT
done de ing most of working life, even if retired) INDUSTRY	Virginia 19159
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Inomas M. Connell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17 INFORMANT AND ADDRESS
service) To home	Dorothy Chappelian. Step daughter
18. MEDICAL CEI	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (s) Certifical are	
Immediate cause (a) Country at a po	cident
SS/X Antecedent cause(s)	F. 1
Diseases or conditions, if any, (b)	unos clerosos
giving rise to the shove cause stating the underlying cause last	
(c) Oy perturas	on
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the desir but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗀 No 🗷
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not while Not work at work	
22. I certify that I took charge of the remains described above, held an A	utopsy , Inspection & Inquiry & thereon and from the evidence used died on the day stated above, and death in my opinion resulted
from: natural causes 4, accident , suicide , homicide],	undetermined .
SIGNATURE (Degree or title)	• ADDRESS DATE SIGNED
(lat) sad la mon n mail co	Charl Hatte Il mellan
A. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	BY ON CHEMATOW LOCATION (Chydown, or country) (State)
1200 As Operity) 1/9/VI Cedar H	ill uniting sulland his.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 UNERAL DIRECTOR ADDRESS
REG. 1/6/51 Ulmanda Douney	I Pasers som Hjallerett "
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MARYLAND STATE DEPARTMENT OF HEALTH

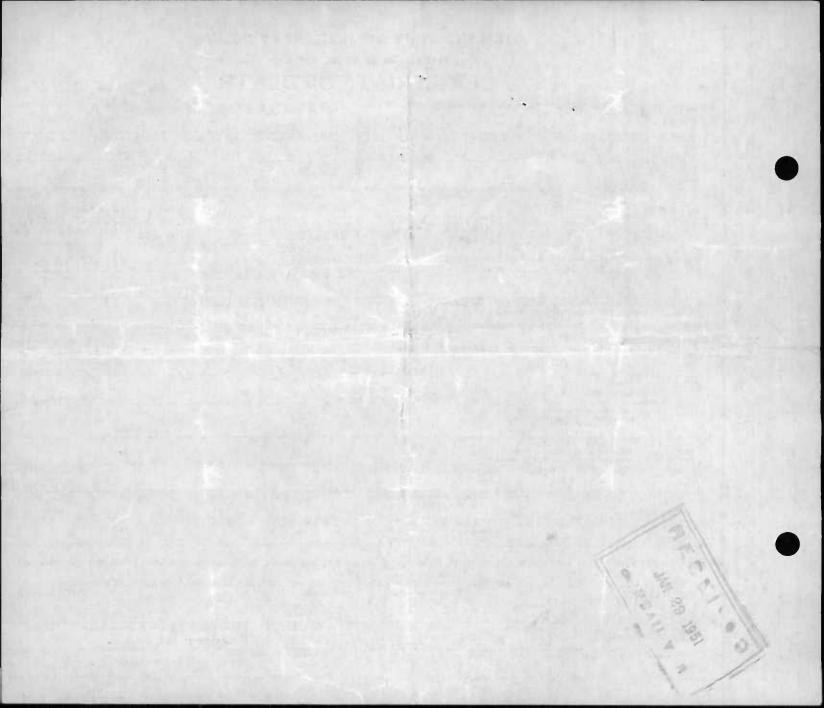
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE Maryland STATE Maryland Prince Georges Co
CITY (If outside corporate limits, write RURAL and give nearest town) Prince Georges
CITY (If outside corporate limits, write RURAL and MARYLAND LENGTH OF STAY OR give nearest town) ville Md (in this place) 4106 Oglethrope Street 6 years TOWN HOSPITAL OR (If rural, give location) STREET INSTITUTION OR ADDRESS Hyattsville Md. STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED Barbara Johnson 25, 1951-DEATH Jan (Type or Print) 19 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWED 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE iast birthday | If under 1 year | If under 24 hrs. years Months Days Hours Min. female white (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired)
HOUSEWIFE INDUSTRY home COUNTEY? Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECRASED EVER IN U.S. ARMED FORCES? I 17. INFORMANT 16. SOCIAL SECURITY NO. AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of Hvattsville Md. Marv E. Parlett none service) no INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 420 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 198. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No | 21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (Specify) (STATE) INJURY HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) Whliest Not While INJURY Work At work П 22. I hereby certify that I attended the deceased from 4-18 , 19.46, to 1-25, 19.5/, that I last saw the deceased 19......, and that death occurred at 2:10 A.m., from the causes and on the date stated above.

(Degree or title) DATE SIG alive on 1-25.5 [SIGNATURE DATE SIGNED 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) Colmar Manor Md. Ft. Lincoln Cemetery REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL ADDRESS F. Gasch's Sons Hyattsville Md.



VS. A15A

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

(1772

1. PLACE OF DEATH- COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	G.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Piscataway	CITY (If outside corporate limits, write RURAL and giv OR TOWN Piscataway	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS In a field near the village	STREET (If ru al give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) George	Johnson OF DEATH 7	2h 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWEN THE SEED, (Specify)	8. DATE OF BIRTH 189 AGE last birthday If under Months 55 yrs.	Days If under 24 brs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY LABOURER	II. BIRTHPLACE (State or foreign country) Maryland 14. MOTHER'S MAIDEN NAME	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Unknown 15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.	Unknowm	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (II yes, give war or dates of service)	Rosie McKee	
18. MEDICAL CEI		
	MIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
732, Immediate cause (a) Exposure		
Antecedent cause(s) Slept out in the	cold all night.	
Diseases or conditions, if any, (b)		
/ 7 O giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No DK
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
PRIMARY TO OR CONTRIBUTING OF office bldg., etc.)	Piscataway P. G.	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	I OW DID INJURY OCCUR?	1100
OF While at Not while		
Foundy 1 24 51 m. work at work	Slept out in a woods	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decerfrom: natural causes \(\bigcirc\), accident \(\bigcirc\), suicide \(\bigcirc\), homicide \(\bigcirc\),	used died on the day stated above, and death in my undetermined \square .	opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James of James M D	Forestville, Md. 1/2	1/57
23. BURIAL CREMATION DATE THEREOF WAME OF CEMETER REMOVAL (Specify) 26 5	JUNE CREMATORY LOCATION (City, town, or count	y) (State)
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1-2 1-51 m. L. MICHELES	21. FUNERAL DIRECTOR The walth & Rugue W	ADDRESS
1/2 1/2 /		
Wolllan Wave	820103	Med



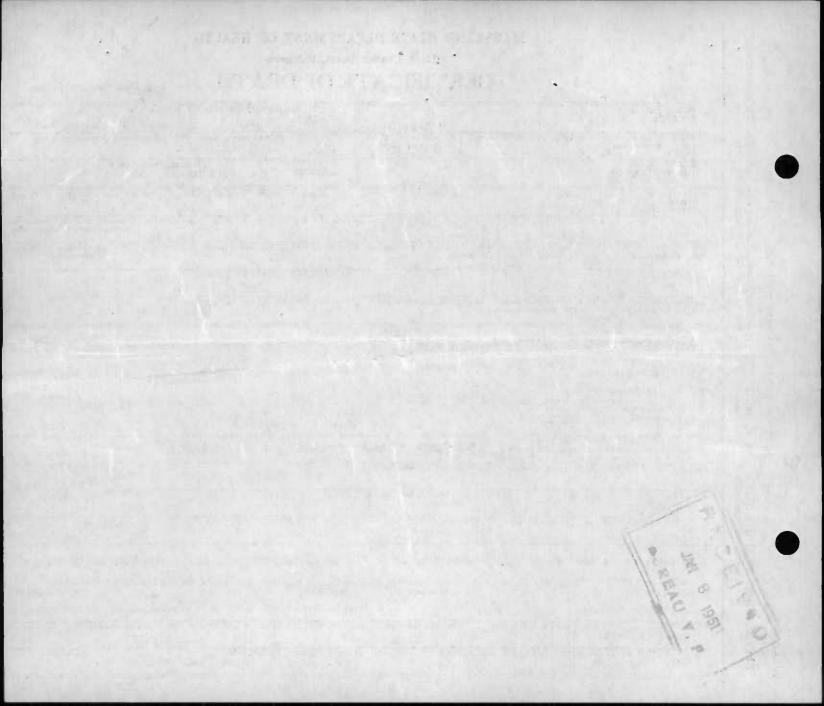
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH	13.		2. USUAL RESIDENCE (H	IOME) OF DECEASE	n·
COUNTY	rince Georges	MARYLAND	STATE Maryland		
OR give nearest TOWN LCWL	orporate limits, write RUR.	AL and LENGTH OF STAY (in this place)	CITY (If outside corpora OR Lewiso	te limite, write RURAI	and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R SS		STREET ADDRESS 2114 F	(II rural, give loc Beechwood Roa	ation)
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mor	
(Type or Print)	Walter	Scott	Jones	OF Jan	5, 1951.
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH		If under 1 year If under 24 hrs
Mal e	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Salingle	6/7/1878	m72 ym.	Months Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work yorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Kentucky	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN		
Willi	iam Jones		Ameli	la Owens	
	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY NO.	Albert S. Jones	ADDRESS Lewisdale	Md.
** **		18. MEDICAL CE.	RTIFICATION		1
I DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
ii Dibbilding on oc					ORDET AND DEATH
Immediat	e cause (a)	HYPOSTANZ 10	remuria		3 Jaza
400 I Antondo	nt eeugo(g)	41 . "	110		, /
Tal, Antecedent cause(s) Diseases or conditions, if any, (b) Conflictore Heart for line		******************	1 Week		
93d giving rise to	o the above cause underlying cause last (c)	As leriosclerotic a	Carl'o-vascula	u d'sease	Years
Conditions contribu	ICANT CONDITIONS uting to the death but not use or condition causing deat	Dotes paroris is to	a confressom fra	who of gt In	sal years
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 🗀
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	OWN) (CC	OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
		B L	1/2 7-	:	
22. I hereby cert	ify that I attended the	e deceased from OEL	, 19.77, to	, 19, that 1	last saw the deceased
alive on.	3 =, 19 V/, an	d that death occurred at	1:30 h m., from the	causes and on the	date stated above.
SIGNATURE	1-00				DATE SIGNED
/ tunalof 1	1. Fledelin	hu/1_ V'32 W	meens Chapel Rot	1874 Months	led 1/5/51.
23. BURIAL, CREM	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY L	OCATION (City, town,	
	tation 1/6/50	Mt Sterling		Kentucky	7
DATE REC'D BY	LOCAL PREGISTRAR'S	SIGNATURE	F. Gasch's Son	R Ne Hyrotterill	ADDRESS
Qui 6 195	1 James	Derces	r. dascii s soi	is ilyacosvilli	LC 11d.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

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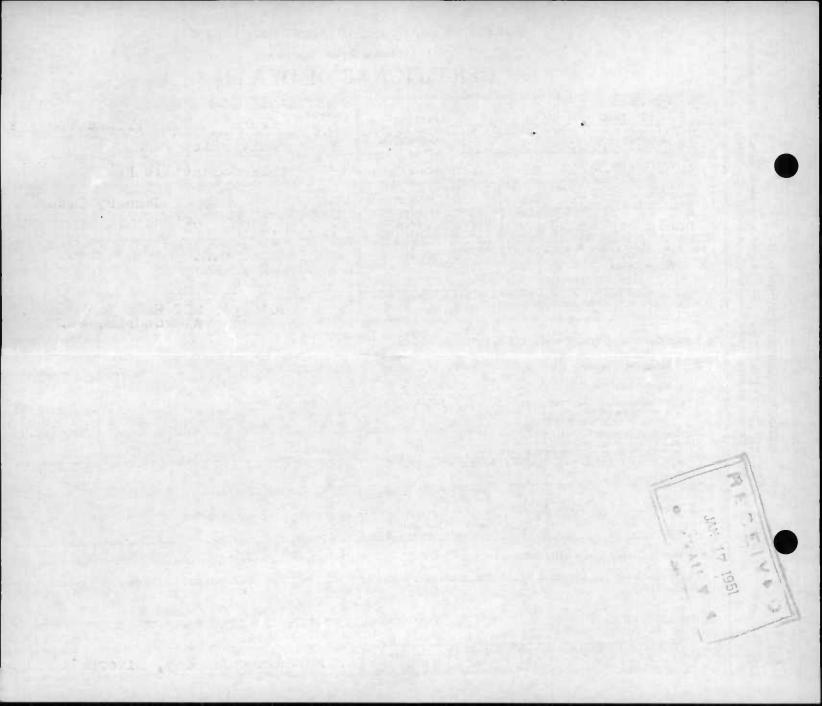
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Prince Georges MARYLAND	COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR	TOWN University Park
INSTITUTION OR STREET ADDRESS 4314 Colesville Road	STREET (If rural, give location) ADDRESS 4314 Coles ville Road
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Alice Holmead O'Dwyer Ke	egan OF January 14th 151
Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WI dowed	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. May 14th, 1879 71 Months. Days Hours Min.
done during most of vorking life, even if retired) HOUS GWILE INDUSTRY HOUSE WILE A INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) Washington, D.C. 12. CITIZEN OF WHAT COUNTRY? USA
William Holmead	14. MOTHER'S MAIDEN NAME Alice Unkle
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war-or dates of None	Bryan K.O'Dwyer 227 East Mason Ave.,
	Alexandria, Vo.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
Pala a Pla	ONSET AND DEATH
Immediate cause (a) MgM T defT	Heart Tuller I year
Antecedent cause(s)	7
92 Diseases or conditions, if any, (b) Ordulary, acre	11 A com.
giving rise to the above cause stating the underlying cause last	1 W O MO
(c) Hyperture N	last Hisease / 1/2 evening
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	about the confidence and
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
NB 2	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home form featory street '	(CITY OR TOWN) (COUNTY) (CTATE)
SUICIDE NONE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
22. I hereby certify that I attended the deceased from 113	., 1950, to 1/14, 1951, that I last saw the deceased
alive on 1/4, 1951, and that death occurred at /2	ADDRESS ADDRESS
William Kingh MD CO	C. BARS Q O II MI MI
7,000	V OP CERMATORY LYON AND THE STATE OF THE STA
BURY Greity) JAN. 17/1951 ROCK CREE	EX CEM. WASHINGTON D.C. (State)
Prod	24. FUNERAL DIRECTOR W.W. Chambers Company, Riverdale, Md.



VS. Al5

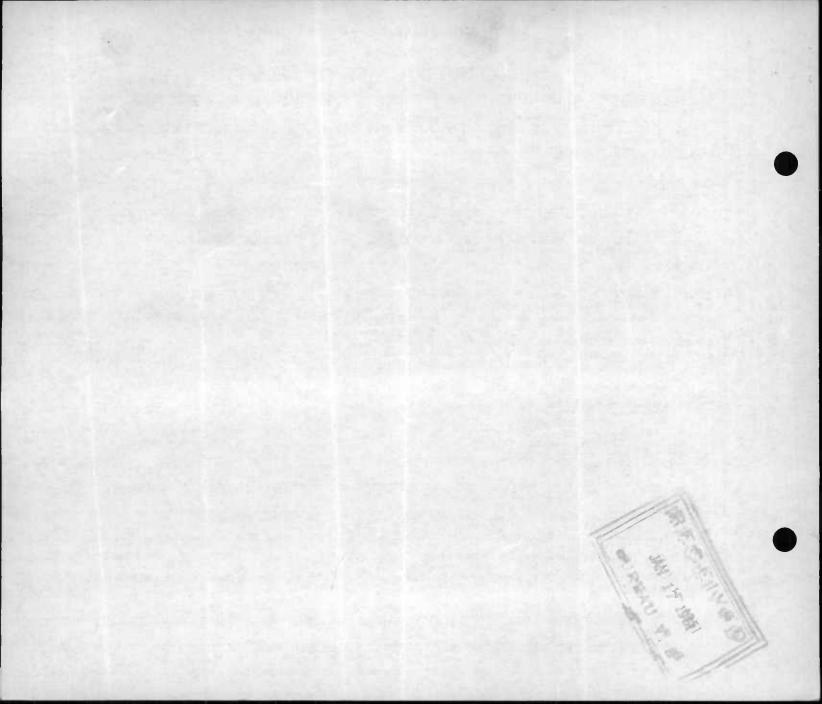
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	0
COUNTY Prince Leorges . MARYLAND	STATE Md COUNT	Vrine Leone
OR give nearest town land (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X X	STREET (If rural, give location) ADDRESS 5/10 - M .xt	
3. NAME OF (First) (Middle) DECEASED (Type or Print) MARTHA ANN	(Last) 4. DATE (Month) OF DEATH San /	(Year) 195 h
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Condow	4/19/1871 79 yrs. Months.	->/41
10a. USUAL OCCUPATION (Give kind of work done during most of forking life, even bretired) INDUSTRY 10b. KIND OF BUSINESS OR INDUSTRY	lce	Country? S.A.
Simeon Mc Cullough	14. MOTHER'S MAIDEN NAME Mary Ellen Shields	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (J6. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS Dungh	
(Yes, no, or unknown) (If year, give war or dates of None.	Mrs Claise Kinahaw 5110	-mex.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
450 Antecedent cause(s)		7.
Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last	antonia Bomi	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	and the state of t	MI AN ANOVOCCOCCIO DOLOCIO DOLOCIO DE CONTROLOCIO PARA
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) IIOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. The Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1951., to 14 Jones, 1951., that I last s	aw the deceased
alive on 13 51, and that death occurred at	ADDRESS m., from the causes and on the date st	ated above. DATE SIGNED
William B. youll h. R.	2353-24787, S. E. RY OR CREMATORY LOCATION (City, town, or coun	14 Jan, 51
REMOVAL (Specify) 1/1951		Kanaa
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REC'D BY LOCAL REGISTRAR'S SIGNAR'S	24. FUNERAL DIRECTOR bers Go S17-	ADDRESS ISE



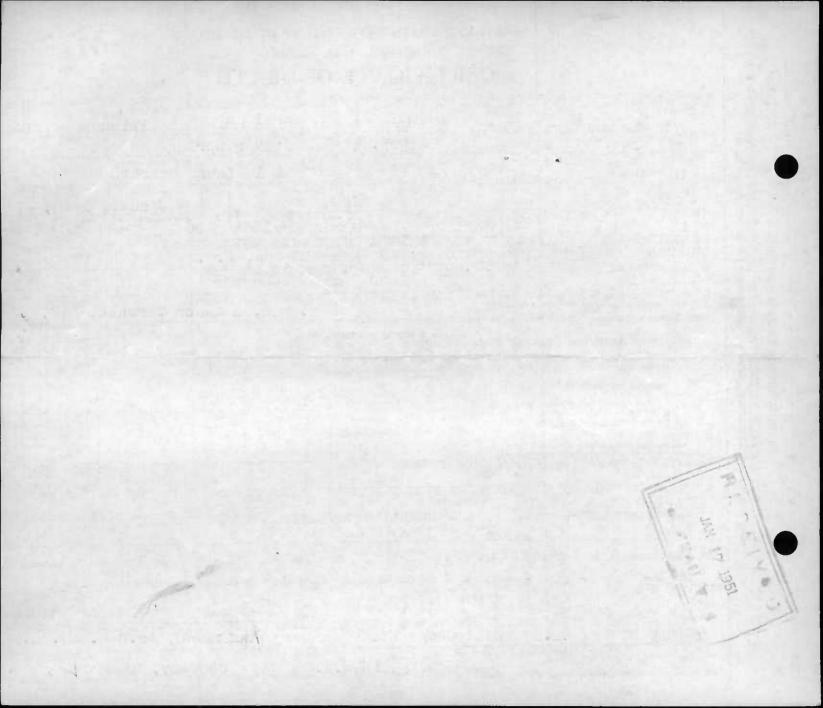
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Ballimore

CERTIFICATE OF DEATH

I DI ACE OF DEATH	
I. PLACE OF DEATH- COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-
	Mar y Land Prince Coonge
TOWN give nearest town ville (in this place).	CITY (If outside corporate fimits, write RURAL and give nearest town) OR Silver Spring
HOSPITAL OR Mother Jones Rest Home INSTITUTION OR Mother Jones Rest Home STREET ADDRESS RIGGS Road Extended	STREET (If rural, give location) ADDRESS # 1 Lauer Terrace
3. NAME OF (First) (Middle) DECEASED JOHN MCCHESNEY K	ING (Last) 4. DATE (Month) (Day) (Year) OF DEATH January 14th, 1051
Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (Specify) 1 Property 1 Prope	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. April 28/1864 86 Months Days Hours Min.
dete during most of rorking life, even if getred) Purputary School	11. BIRTHPLACE (State or foreign country) Washington, D.C. 12. CITIZEN OF WHAT COUNTRY? USA
John King	14. MOTHERS MAIDEN NAME Anna McChesney
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of None	IT. INFORMANT AND ADDRESS Ida M. Wade, 1 Lauer Terrace, Sil.Sp.
18. MEDICAL CER	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Crebral	hemorrhage gany 9.51
0011	J. 1, 3, 1,
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not	
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)	
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c). II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	20. AUTOPSY?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg, etc.)	(CITY OR TOWN) (COUNTY) (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause test (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, off office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	Yes No
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c). II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY Work Atwork	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c). II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from the conditions of the condits of the conditions of the conditions of the conditions of the c	HOW DID INJURY OCCUR? 19.50, to Jang, 19.51, that I last saw the deceased
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c). II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from the conditions of the condits of the conditions of the conditions of the conditions of the c	HOW DID INJURY OCCUR? 19.50, to Jan, 19.51, that I last saw the deceased on the date stated above.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from the strong alive on August 195., and that death occurred at August 195. (Degree or title)	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.50, to Jan, 19.51, that I last saw the deceased DDRESS DATE SIGNED OSO, DI Si. Shring
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Work At work 1 alive on August 1, 19.5., and that death occurred at August 1, 19.5., an	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.50, to Jany, 19.51, that I last saw the deceased DDRESS DATE SIGNED Y OR CREMATORY LOCATION (City, town, or county) (State)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At wo	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 1950, to Jang, 1951, that I last saw the deceased part of the causes and on the date stated above. DATE SIGNED Y OR CREMATORY LOCATION (City, town, or county) Cemetery Suit Pand, Pr. Geo. Cty. Md. 24. FUNERAL DIRECTOR ADDRESS
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At wo	HOW DID INJURY OCCUR? How DID INJURY OCCUR? 19.50, to Jang, 19.51, that I last saw the deceased DATE SIGNED DATE SIGNED Y OR CREMATORY LOCATION (City, town, or county) Y OR CREMATORY Buit Pand, Pr. Geo. Cty. Md. 24. FUNERAL DIRECTOR ADDRESS W. W. Chambers Company, Riverdale, Md.

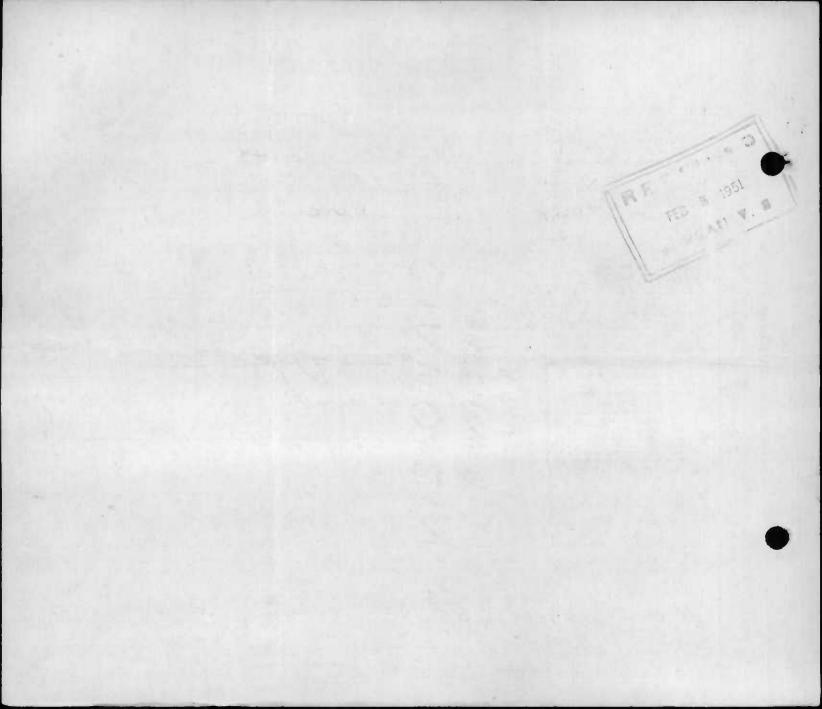


PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

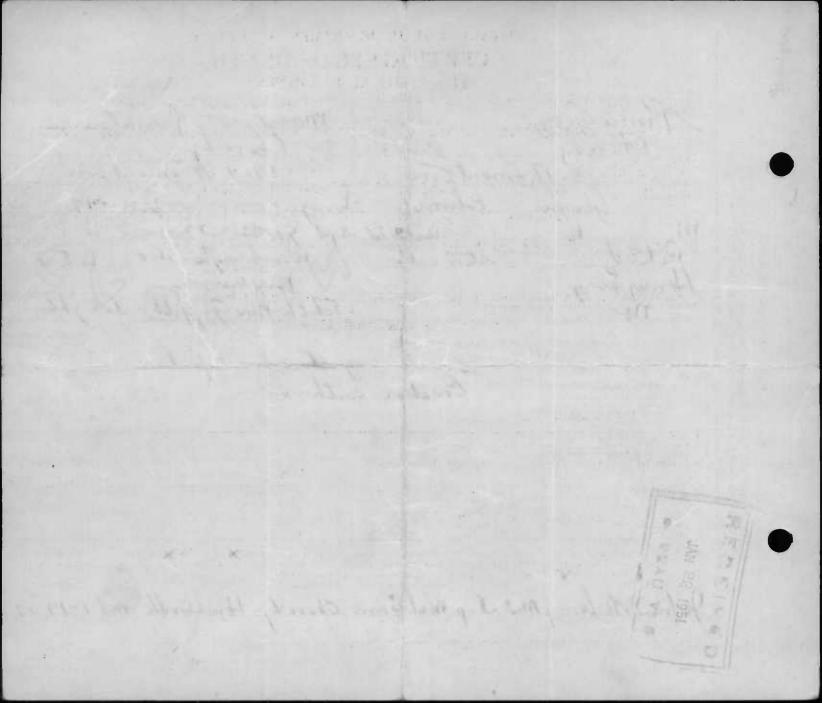
		NOS. DION TVO. WILLIAM MAGNICIA	
	1. PLACE OF REATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
	MARYLAND	- Venner trance	
212	CITY (If outside corporate lights, write RURAL and LENGTH OF STAY OR give leares town) TOWN LENGTH OF STAY in this place)	OR CITY (If outside corporate amits, write RURAL and give nearest town)	
20	HOSPITAL OR	TOWN Water	
5	INSTITUTION OR	STREET ADDRESS 300 60 5 Crawford bre	
all	3. NAME OF (First) (Middle)		
	DECEASED	(Last) 4. DATE (Month) (Day) (Year) OF DEATH	
Ea lea	The state of the s	DEATH DEATH 19. AGE last birthday If under 1 year If under 24 brs.	
	6. SEX 6. SLOT OR ACCE SINGLE, MARRIED, WIDOWED, DIVORCED.	2-12-30 20 Months Days Hours Min.	
cal	the USUAL OCCUPATION (City bind of work) With Water & Developed on	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT	
2	doje during most of trking life, even if retired) Undustry	nicktown, Pa Gountari, a	
io sa	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
823	- James Miroch	anna -	
<u> </u>	15. Was DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no. or unknown) (41 yes, give war or does of	17. INFORMANT	
re rue		a, , august 10 corr	
156	18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN	
*	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH	
Se	Ahoch		
please	Immediate cause (•)		
_	Antecedent cause(s)	adjaling and former would	
an	Diseases or conditions, if any, (b) giving rise to the above cause		
SIC	stating the underlying cause last		
rnysicians:	II. OTHER SIGNIFICANT CONDITIONS		
1	Conditions contributing to the death but not related to the disease or condition causing death.		
auc	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
portant.		Yes No D	
d.	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office block est.)	(CITY OR TOWN) (COUNTY) (STATE)	
y im	CAUSE OF DEATH. INJURY	reaches vis, him	
75	OF (Month) (Day) (Year) (Hours INJURY OCCURRED While at Not while	190W DID INJURY OCCUR?	
pecial	INJURY Z 8 S m. work at work	I vande crish	
22. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry Thereon and from			
2	obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes \(\bar\), accident \(\bar\) suicide \(\bar\), homicide \(\bar\).	ased died on the day stated above, and death in my opinion resulted	
1	SIGNATURE (Degree or title)	ADDRESS DATE SIGNED	
1	1967 1 3 10	7-00 + 011 10 1 1 200	
	James I John Mills	20 cestral 1. 1. 1. 2. 2. 1	
		RY OR CREMATORY LOCATION (City, town, or county) (State)	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
	REC	Was the fine Home ADDRESS	
	1-28-51 alma A. Hall	sold sold so	
1		5929//	
		3/2/16	



CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
/ Maryland Maryland	Maryland Vamellynair
CITY (If outside corporate similar write RURAL and LENGTH OF STAY OR	OR TOWN Church TOWN Church
HOSPITAL OR INSTITUTION OR 2904 Trement twe	STREET ADDRESS 2904 (Fit rural, give location)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) HAGE Colward =	James DEATH Jan 17 105/
5. SEX A. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED/ (Specify)	8. DAPP OF BIRTH 9. AGE last highday II under 1 year II under 24 hrs Months Days Hours Min.
don during most of porking life, even if retired. Namerry	11/ BIRTHILACE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME	11. MOTHER'S MAIDEN NAME
15. WAS DECRATED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or improved 4 (If yes, give war or dates of	Forth Mas Griffith - Daughter
Neprice 18. Medical CE	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
1 4 Immediate cause (a) Look con	gestive hart failure
/) giving rise to the above cause	rathmor
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗆 No 🗷
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while NUTY m.	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an A	used died on the dry stated above, and death in my opinion resulted
Val. JADallance M. D. V. March Same	
A BENTALL CREMATION DATE THEREOF NAME OF CEMETE	Cheverly - Indianale, Md. 1-17-5-1 RY OR CHIMOTORY J. LOCATION (City, Jawn, or equity) (State)
DATE REG'D BY LOCAL REGISTRAR'S SIGNATURE REG. 18 5	Cheverly - Anatorille W. 1-17-5-1 RY OR CHIMOTER ALCOATION City, www., or equity m. J. (State) Fill conclude surland woods



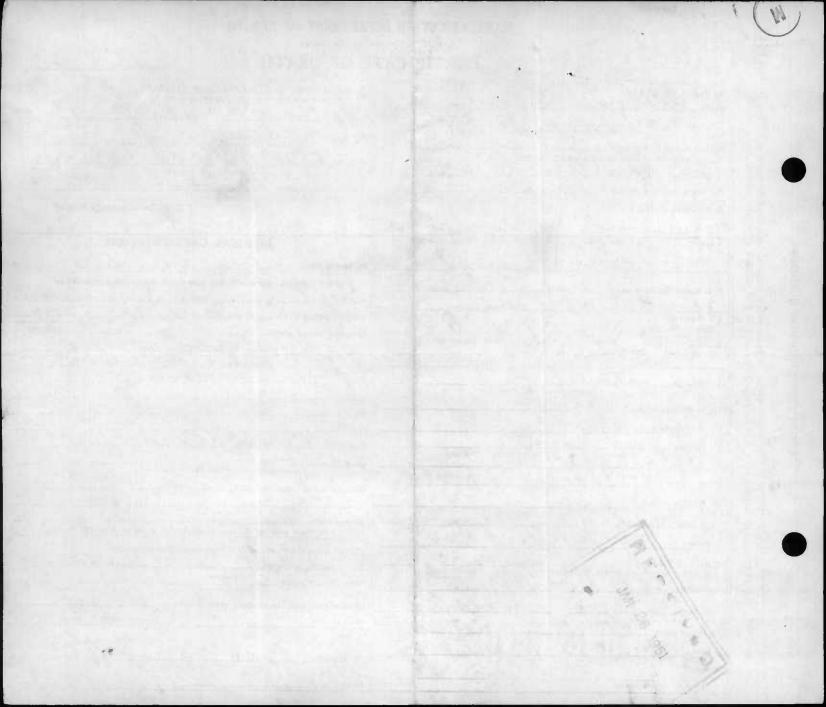
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Paint of Document	Siate Marylan County & xyserger
City or town. M	City or town What lungton 19 WC
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where wearh occurred:	Street Ho. 6509 Marellors Road &
62 / 1900000000000000000000000000000000000	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, name war. Mary
3. (a) FULL NAME	3. (b) Social Security Number
Tominact Magnolia	579-01-6028
4. Sex 5. Color or race 8.(a)Single, may ed, widowed, or divorced	MEDICAL CERTIFICATION
me white married	20. DATE OF BEATH Jan 2 1951 at 4 00 M
8.(6) Name of husband or wife Mancy Tratoss	21. I CERTIFY that wath occurred on the date above stated; that I attended deceased from
Magnolia S.(e) It alive, give age 5 4 years	Safet 15 1950, 10 Jan 2/ 185/
7. Birth date of	and that I last saw h MAA alive on Jan 120 185.
deceased (Mo., day, yr.) Dec 29	Immediate cause of deaths
o. Aut.	Sirrellout,
65min.	(hyperbrofflie) of ever 6 Mo.
9. Birthpiace Italy	Due f — William the
9. Birthplace(Town, county, and state)	to the property of the second
10. Usual occupation Latorey	Oue to.
11. Industry or business Re(1 red	1245
12. Name Las Magnolia 13. Birtholace Italy	Other conditions Jeweral arelie - The Comment
	(Include pregnancy within 3 months of death)
14. Maidon name Katherino Marcely	
14. Maiden name tathering Marceld 15. Birthplace taly	Major findings of operations.
1 41.	Oate of op.
16. Informant Manager June 1990 March	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 650 9- Alfarlbero Kood or	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or reproval, Which?) Date thereo (Cot. 2 3 145) (month) day) (year)	Accident, suicide, or homicide Accident Colors
Cemetery or openatory address Hill Cessetter	Where did injury occur? (City or town) (County) (State)
Location Quellang Maryland	Injured et home, tarm, Industry, public place (where?)
18. Funeral director & William Belo Sons C	Meens of Injury Injured at work?
9 2 1 1 th 0/ ME 1/A 1 1/0	The Court
Address 3 60 - 4 - 57 /16, West, W	23. SIGHATURE Bull Clay Gallo
10 Jan. 22 10 57 Edua 7 Flenc	.5440 Selver Fel 4001 M.D. Jan 21
19 Can 2 2 19 57 Codes to Flux Registrar	Address 7 ft



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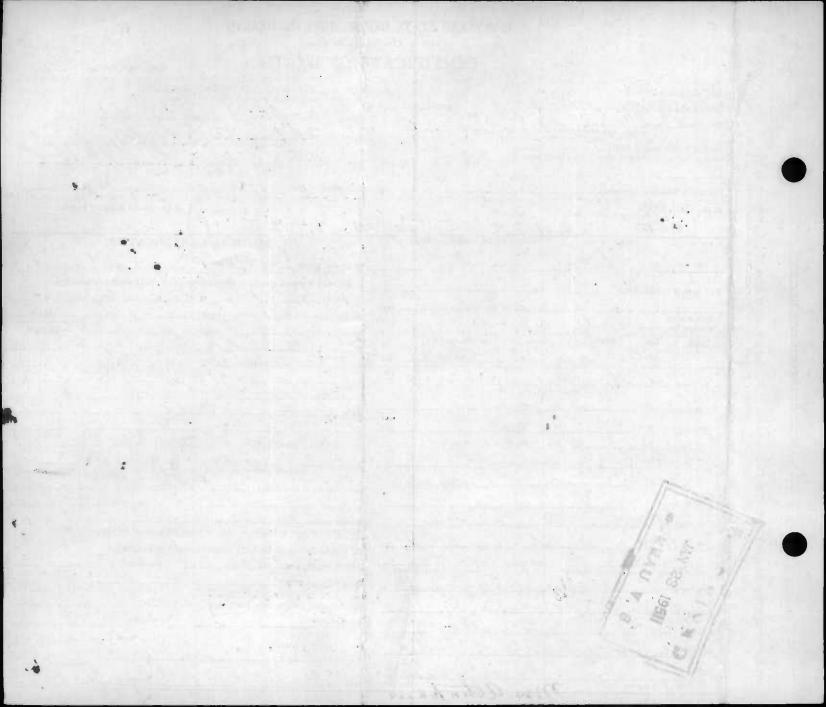
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(1781) Reg. Dist. No. 234

1. PLACE OF DEATH:	2. USUAL RESIDENCE (FIOME) OF DECEASED: (For newborn infant give residence of mother)
County	Wardend On and Sharen
Cily or town 6 5 5 6 alleutoria 104 5 C	State of any and country the country of the country
Cily or town (If outside city or town limits, write RUDAL and and nowest town)	City or town Washington to a
Row long in above place of death?	(if outside city or town limits, write RURAL and give nearest lows)
Hospital, institution, or street address where death occurred:	Street No. 6 90 Machine Canal
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
FINDENDO FILE	N MARKEN 3.00
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION (C)
3. Color of facts	MEDICAL CERTIFICATION
FEMALE White Imgle	20. DATE OF DEATH JON 195 at 8 A. M
	21. I CERTIFY that death occurred on the date above stated; that that atlanded deceased from
8,(b) Name of husband or wife	Jan 12 195/ 10 Jan 15 195/
	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. Birth date of deceased (mo., day, yr.) Puly 28th 1863	
	Immediate cause of deeth DURATION
0. Ada.	Cereara remorage sany
hrs	Transpus Ceft sed of bothy)
a Claston marylad	Due to.
9. Birthplace(Town, county, and state)	Couls arteres Selerose Unhunn
10. Usual occupation.	
	Oue to
11. Industry or business	
# 12. Name Theren to marder	Other conditions Revenue of React
13. Elriplace	331 (Include pregnancy within 3 months of death)
E Par ma Shanill	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations.
15. Birthpiace manyland	Dale of op.
00 1. 5 A Oliver	Antopsy results Zupul
16. Informant	PHYSICIAN: Please underline the cense to which death should be charged statistically.
Address 6858 allenbourn Rd & C.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof On 17-1951	
Bate thereof (month) (day) (year)	Accident, suicide, or homicides and accident and accident and accident acci
Cemetery or crematory St Banatas Cornellery	Where did injury occur?
Location Oxon Hill, manyland	Injured at home, farm, lodustry, public place (where?)
11 2 - +0 - 1	Means of injury Injured at work?
18. Funeral director. Support	
Address 2007- Nichols art & &	201/2. Walth
0 01/100	23. SIGNATURE M. D
19 19 15 19 5/ Monard & Beal	-last water 10 At - last 15
(Pate rec'd hy registrar)	Address Vale signature vale signatur
in in the second	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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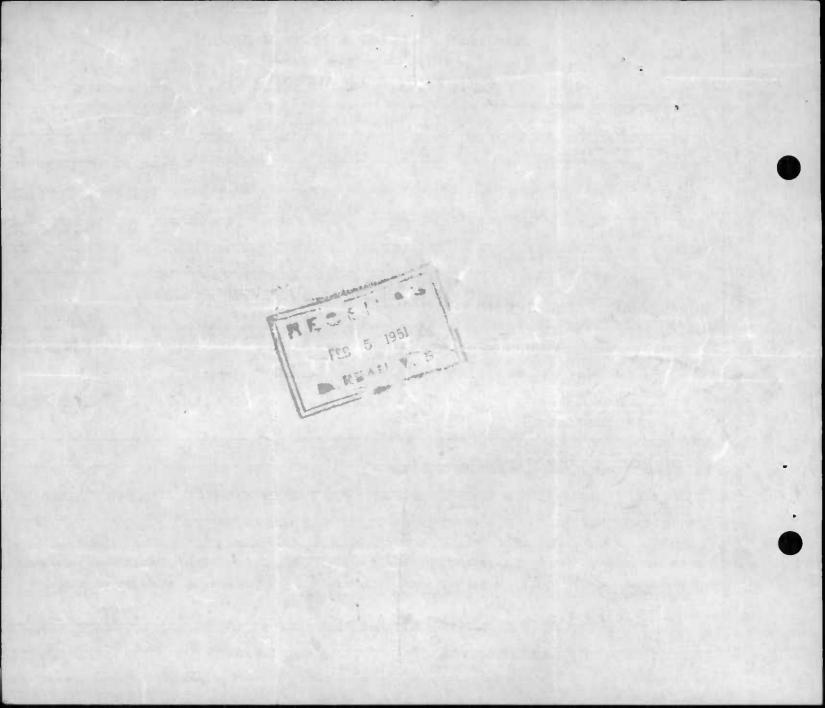
				2008. 1	7186 110
1. PLACE OF DEATH	H•		2. USUAL RESIDENCE (
Pi	rince Georges	MARYLAND	STATE	Prince Ged	rges'
CITY (If outside c	orporato limita, write RUR	AL and LENGTH OF STAY	II OD		and give nearest town)
TOWN 5	oringfield Md	(in this place) 3 years	TOWN Spri	ngfield Md.	
HOSPITAL OR INSTITUTION OF	D		STREET ADDRESS STA	(If rural, give loc	
STREET ADDRE			ADDITES Spr	ingfield Road	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Mor	
(Type or Print)	George		KW660/ MARKWARI	DEATH Jan	30, 1951- 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH		If under 1 year If under 24 hrs. Months Days Hours Min.
male	white	(Specify) Marrieu	4/21/1883	Of yrs.	Brouchs Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work vorking life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
I armer	> - acumes	INDUSTR'	Washington		Country
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN	NAME	
		right MARKWARD	Bell Butch	inson	
15. WAS DECRASED E	ver In U.S. Armed Forces (If yes, give war or dates	16. SOCIAL SECURITY No.		ADDRESS	
(res, no, or unknown)	service)	01	Mrs Rose V Má	rky 66d Sprin	gfield Md.
		18. MEDICAL CE	RTIFICATION Mar	cward	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	2		INTERVAL BETWEEN ONSET AND DEATE
	24	10	0 ()	•	/ //
Immediat	e cause (a)	Coronal	y Ocale		a less.
177x Automotor	at compo(a)		()	A_0	
Diseases or	nt cause(s) conditions, if any, (b)	Caremon	La of pr	orte	242.
E) giving rise t	o the above cause inderlying cause last		8 //	7-40-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1
nearing the t	(c)		0 ()		
11. OTHER SIGNIF	CANT CONDITIONS				
Conditions contribu	ating to the death but not	.			
		FINDINGS OF OPERATION			1 20. AUTOPSY?
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	rown) (Co	OUNTY) (STATE)
SUICIDE HOMICIDE	OF INJ	office hldg., etc.)			(22.22)
TIME (Month)		I INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
IMJORT	100	/	110	-1	
22. I hereby cert	ify that I attended th	e deceased from	, 1947, to 1/3	d, 195/, that 1	I last saw the deceased
,	1011 10		2		
alive on/	19.2.1., 81	nd that death occurred at	ADDRESS	causes and on the	date stated above. DATE SIGNED
SIGNATURE	1 . 1	6 (Degree or title)	* DDRESS	11	DATESIGNED
Fre	Desila o	> Mussey	M.V., 1409	1) arnum	Dr. 1/30/57
23. BURIAL, CREM	ATION DATE THERE	OF NAME OF CEMETE	RY OR CARMATORY	LOCATION (City, town,	
REMOVAL (Spec	(x(y)) 2/1/51	Ft Lincoln	Cemeterv	Colmar Manor	Md.
DATE REC'D BY	LOCAL BAGISTRAB'S	SIGNATURE	24. FUNERAL DIRECTO		ADDRESS
REG.//31/5	1 Ulmania	Downey	F. Gasch's So	ns Hyattsvill	e Md.
= 171	1 mrs. a. 14.				
42/5	1 ms. u. 14.	Jungung		100	103

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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IARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and lagibly
ESER	INK.
MARGIN	Y, WITH UNFADING by important. Physicians:
	WITH
	E PLAINLY, WITH U is especially important.
	WRITE
	PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

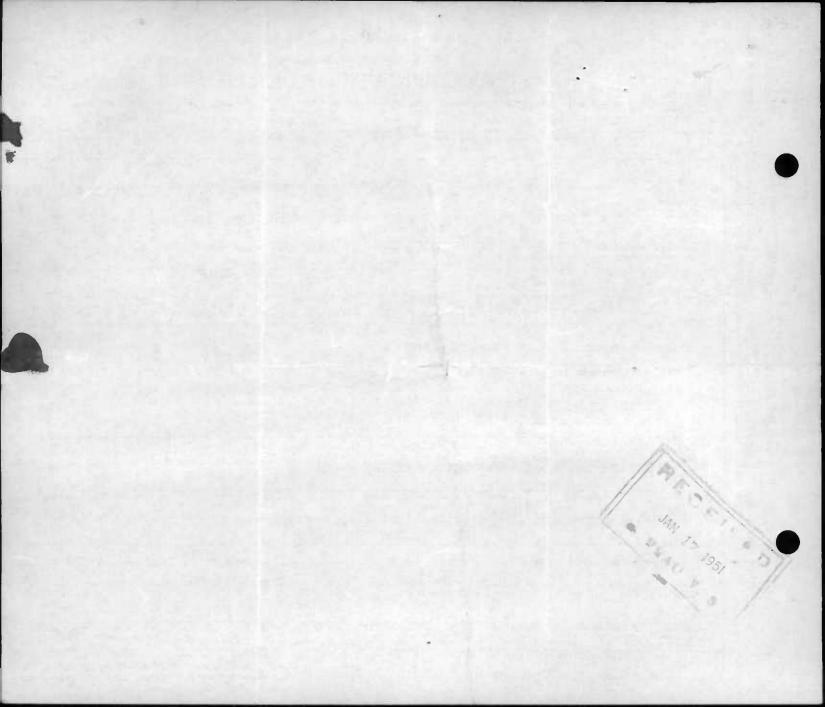
2411 N. Charles Street, Baltimore

131 MAR 28 195 CERTIFICATE OF DEATH

Reg. Dist. No. 23

0782

1. PLACE OF DEATH- COUNTY HEAVE HEAVEN MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	Die Ste
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY (in this place) TOWN	CITY (If outside corporate limits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Genge Juge	STREET (If rural, give location)	
3. NAME OF (First) Office (Middle) (Type or Print) O Seph.	(Last) 4. DATE (Month) OF DEATH (A)	(Day) (Year) 14 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIODWED, DIVORCED, (Specify)	Jelly 30 1904 7 6 yrs.	year If under 24 hrs. Days Hours Min.
done during most of working life, gron if retired) INDUSTRY CONSUMBLES OR INDUSTRY CONSUMBLES	north Carolina	CITIZEN OF WHAT
Joseph Carson mast	14-MOTHER'S MADEN NAME	- > /
(Yes, no, or unknown) (If yes, give war or dates of \$77-/2-9616) service)	ma Louise n Charles Bon	re Md
18. MEDICAL CER	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	KJ.H.1014611111411K11.1111	ONSET AND DEATE
Immediate cause (a) 1/3/M/SN/ARCH (1/3)	Dewalary Ar Rong	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause Post-mor tem exami	JALA 1911 13 LALL NATION	40 00 00 00 to 0 00000000 commences 000000 000000 000000
I Co security the directly till cause tone	ephalo-Myelitis	200
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	ptic abscesses of Lung 3.) No T.B. (3/28/51 akc)	
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jenu 2	1/0 /) //	w the deceased
alive on	ADDRESS 1	ted above. DATE SIGNED
Client Off A V	everdale /ng /-	15-51.
DEFENOVAL (Specify) Jan 17 1951 It Lincol	n Cemeling Colman Manor	m (State)
REG. Jan 16/51 Cmanda Downey	21 FUMERAL DISECTOR Hyalter	The significant
	043	246

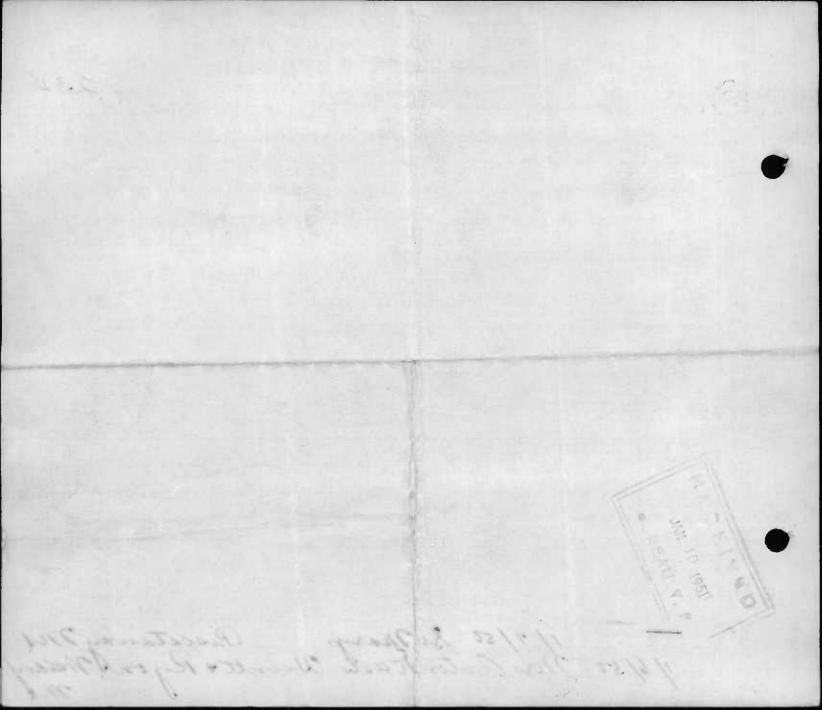


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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Mara
CITY (If outside corporate limits) write RUAL and LENGTH OF STAY	Maryand	VV
CITY (If outside corporate ilmits] write RUXAL and LENGTH OF STAY OR. give nearest town) TOWN TOWN	CITY (If outside corporate limits, write RWRAL and give OR TOWN	nearest town
HOSPITAL OR	STREET (If ru'al give/location)	
STREET ADDRESS 8 3 20 Oly Fort Mood	ADDRESS 3 20 Old Fort 10	ad
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
6. SEX 6. COLOR OR RACE 7. SINGLE MARRIED.	8, DATE OF BURTH 9. AGE last birthday If under I	6 19 3/
teres Coleve WIDDWED, DIVORCED,	6-8-50 6 Months Months	
102. USUAL OCCUPATION (Give kind of work 105. KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
IS. EATHER'S NAME	14. MØTHER'S MAIDEN NAME	0,0,0
Fredrick Theodor medla	Rosole wash to	n
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INCRMANT	
18. MEDICAL CE	RTIFICATION	•
. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
		ONDER AND DEATH
Immediate cause (a) John		
Antecedent cause(s) Diseases or conditions, if any, (b)	bnes more	
giving rise to the above cause stating the underlying cause last		140 MA 50 00 MAN WAS NO OV A PROPERTY OF THE TOTAL OF THE
(e)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
INJURY n. work at work		
22. I certify that I took charge of the remains described above, held an A	utopsy . Inspection Inquiry thereon and	rom the evidence
obtained by said Autopsy, Laspection or Inquiry, find that said dece	used died on the day stated above, and death in my	opinion resulted
from: natural causes . accident ., suicide ., homicide .,	undetermined □. ADDRESS	DATE SIGNED
SIGNATURE (Degree or title)	ADDRESS A A A A A	DATE SIGNED
James J. Jan M. 10.	toreslorde his	1-6-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county	y) (State)
ROMOVAL (Specify) 1/9/50 81. Mars	is Piscetawa	u mo.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	A. FUNERAL DIRECTOR	ADDRESS
REG. 16/50 mrs. attontar	& Huntt + Kunn	Vraldor



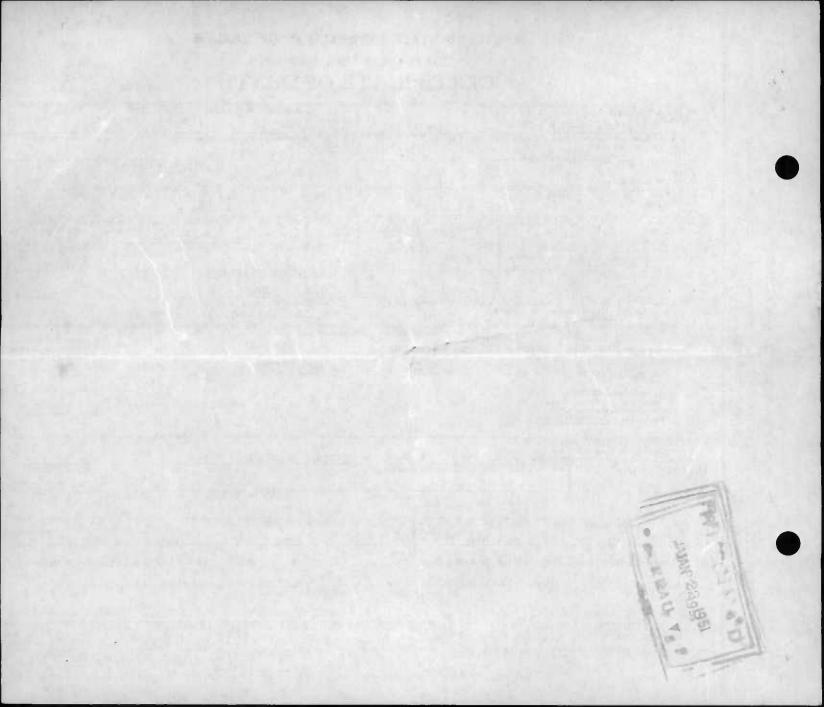
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY PRINCE GEORGE MARY	LAND	2. USUAL RESIDENCE (STATE Maryland	HOME) OF DECEASE Prince	COUNTY George
CITY (If outside corporate limits, write RURAL and LENGTE	OF STAY	CITY (If outside corpor OR TOWN Hyattsv	rate limits, write RURA	L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS 4631	42nd Place	cation)
3. NAME OF (First) (Middle) DECEASED (Type or Print) Sadie Alice Messick		(Last)	4. DATE (Mo OF DEATH Jan	-0
6. SEX Female 6. COLOR OR RACE 7. SINGLE, MAR WIDOWED ATM (Specify)	RIED.	July 1, 1905	45 yrs yrs.	If under 1 year If under 24 hrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LDUSTRY DOME	USINESS OR	11. BIRTHPLACE (State Maryland	or foreign country)	12. CITIZEN OF WHAT
G. C. Vaughn		14. MOTHER'S MAIDEN Sally Vaugh		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU (Yes. 160 or unknown) (If yes, give war or dates of service)	RITY No.	Douglas T. Mes		as # 2
Antecedent cause (a)	14.1-4	Tuberen bs13		I f Z Jal 2
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OP.		extal abocess		B-mo.
		(CITY OR HOW DID INJURY OC		OUNTY) (STATE)
22. I hereby certify that I attended the deceased from	8-3			
). 43	ADDRESS SIY GALLAYLIST. RY OR CREMATORY	HADIS NUE	DATE SIGNED Joseph State) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 18 1957 James Slevey	green Ce	emetery 24 Funeral direct Jasch Jo	Bladensburg, OR Hyattsv	Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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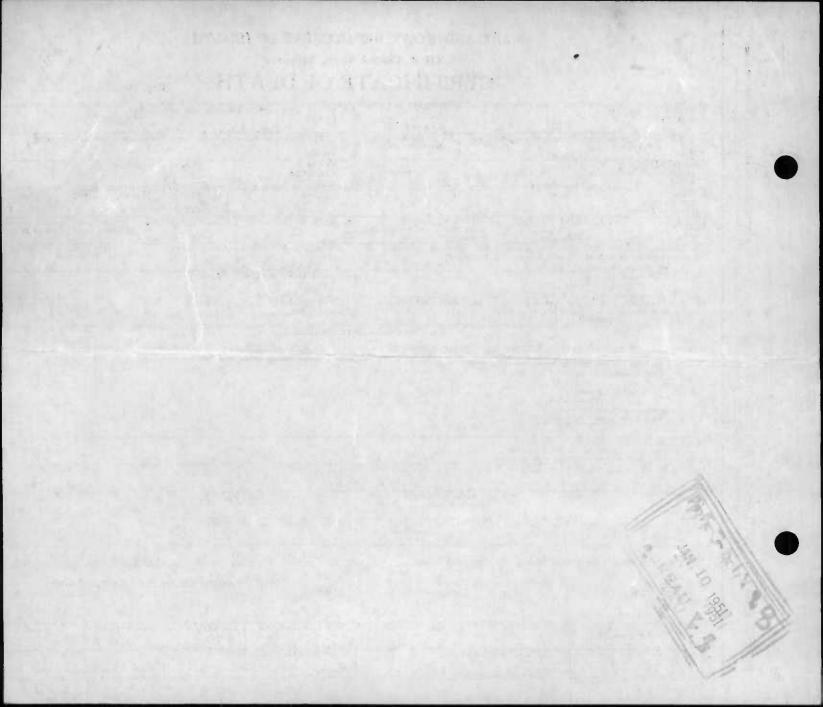
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY	STATE Washington & COUNTY	
CITY (If outside corporate limits) write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR givo nearest town (in this place)	OR	
HOSPITAL OR	STREET (If rural, give location)	/
INSTITUTION OR STREET ADDRESS And Trille Como - det Ida	ADDRESS 5132 7 Dt. W	/
3. NAME OF Nirst) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
OECEASED PHOEBE JANE ME	ETZGER DEATH Jaw.	8 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last bothday If under	year If under 24 hrs.
Female With WIDOWED, DIVORCED, (Specily)	80 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
id managed	how yould	454
13. FATHER'S NAME	14. MOTHER'S MADEN NAME	
dannel Brooks	1 o horales y. Ely	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	97 11 2
No (nervice)	1 20135 Morter 2135 3	and MM
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
- non nestine hear	t failure	6 ms.
Immediate cause (a) A required		
Antecedent cause(s) Apperteusion and	hespertensing heart desease	1000 t
Diseases or conditions, if any, (b) giving rise to the above cause		
50 stating the underlying cause last		
(c) Smilly		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	right preset	2003.
related to the disease or condition causing death.	of the	Las Avenanava
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No No
SUICIDE Office bldg., etc.)	(CITTOR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	I HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	10 10 -	
22. I hereby certify that I attended the deceased from 7/15	, 1947, to, 1951, that I last se	aw the deceased
	1.00	
alive on, 19.3/, and that death occurred at	ADDRESS	DATE SIGNED
	111 b.t. 1. 25 11 1	101.
Thomas & Illey, M.N. 4001	p - in in it is in the interest of the interes	1/8/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
hander die .	redeplebalit P libert land	Ta.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 8 198 Janes Devery	14W. Chambers Q. 1410 Cha	yen 14, MP
	*Antonia para de la companio della c	Jack. D. C.



9-45-15M	WRITE PLAINLY, WITH UNF.
9-43	WRI
S A15	LEASE

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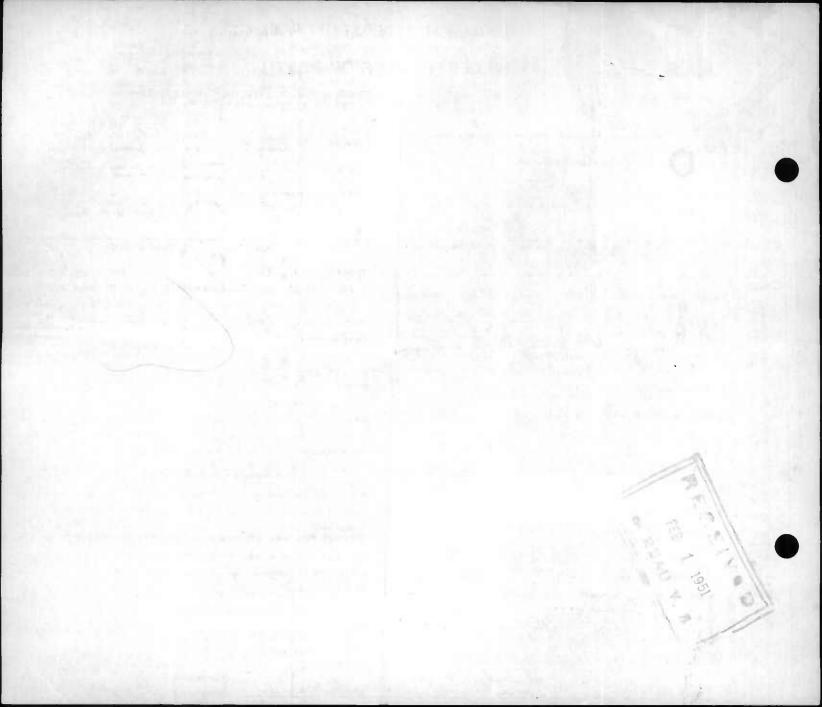
Eivdence for change in 17 & 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

14 1951 CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL PESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Siate County County Decease (If outside city or town limits, write RURAL and give propriet town) Street No. Signature (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Sarah Jane M	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single mapfied, widowed, or divorced	MEDICAL CERTIFICATION
Ternale Megro, Willowed	20. DATE OF DEATH Jaw: 26 1951 at 1.30 P.
8.(b) Name of husband or wife Gaso muell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Cent. 1947, to Jour, 26 1951
7. Birth date of	and that I last paw I DA alive on Jane 1 1 4 1 1851
deceased (mo., day, yr.) (upril 9, 1853	Immediate cause of death DURATION
8. AGE: Yeare Mbhihs Days If lese than one day	Congestive Heart Failure
97 9 17hrsmin.	
9. Birthplace Probersonville, N.C.	Que to Natural Carres
(Town, county, snd state)	
to. Usual occupation.	Que to
11. Industry or business	
= 12. Name To arry Clark	Other conditions Semility
12. Name Carry Clarke 13. Birthplace Robo Danville, N. C.	1121/
E 2 2	932 (Include pregnancy within 3 months of death)
14. Maiden name 6 Lya	Major fisdings of operations
15. Birthplace	Date of op.
16. Informani Mis. Odie Talliebrew	Autopsy resolts.
Address 5807 Sherif Rd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remoyal, Which?) Offe thereof	Accident, suicide, or homicide
Cemetery or crematory Descriptional Type Cyangeline	Where did Injury occur? (City or town) (County) (State)
18/18/19/64 DC	Injured at home, farm, industry, public place (where?)
Location	Meane of Injury Injured at work?
18. Funeral director, & Obest & Composition	meane of thirth
Address 423 4-51. H.	23 SIGNATURE ORINGAN, M.D.
1/26 51 Ken and Downers	M. D. of other
19. (Date rec'd by registrar) (Date rec'd by registrar)	Address LOO 6 6 as leve well pate signed 1-26-01



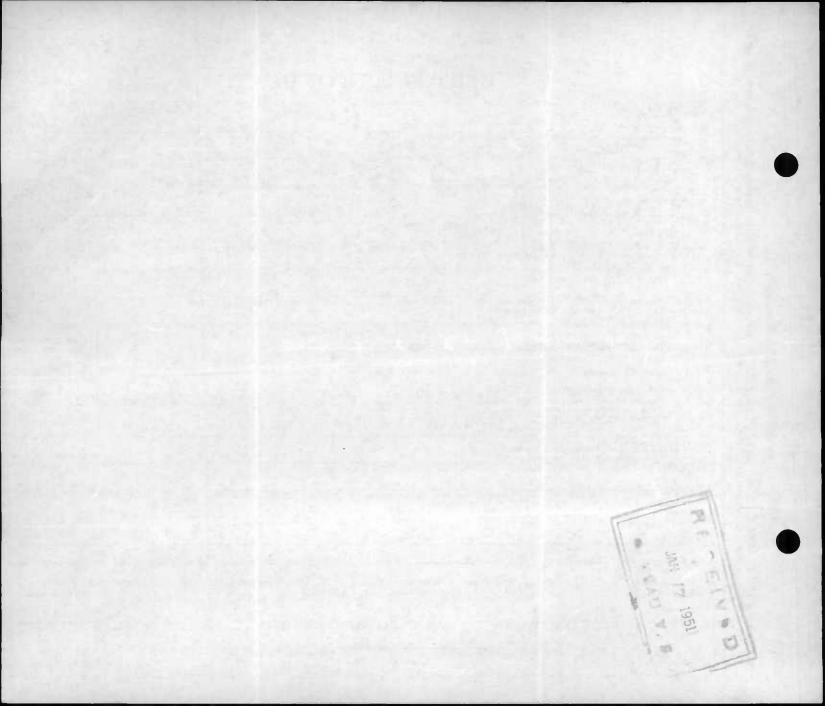
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1786

1. PLACE OF POAT	H. Jerra	/	2. USUAL RESIDENCE (I	COTI	NTY Par. Cha
CITY (If outside o	prporate limits, write MUR town)	MULTINAL	IL UK Chi	ate limits, write RURAL and	d give nearest (swn)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R Di	ar as Jon. Hasso	TOWN STREET ADDRESS 430	Of rural, give location	Davis
3. NAME OF DECEASED (Type or Print)	(Pirst)	() (Middle)	(Last) Muans	4. DATE (Month)	(Day) (Year)
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATH OF BIRTH Oen 27, 1884	9. AGE last bischday If un	
done during most of w	ATION (Give kind of work yorking life, even if retired)	10b. KIND OF BUSINESS OR . INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM		wers 10	14. MOTHER'S MAIDEN	NAME	
15. WAS DECRASED E- (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates service)	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS 4308 2	Cayword DI
1		18. MEDICAL CE	PETERCATION	7	Tros Timero
I. DISEASES OR CO	ONDITIONS DIRECTLY		RIFICATION	0	INTERVAL BETWEEN ONSET AND DEATH
Immediate	e cause (a)	arema		**************************************	2 clays
/ Diseases or	nt cause(s) ronditions, if any, (b)	Chronie	Glomerul	en replication	1 year
13/ giving rise to	the above cause inderlying cause last (c)	Kyperten	sire Hear	+ Disease	2 years
Conditions contributed to the disease	CANT CONDITIONS iting to the death but not see or condition causing deat		bueumonio		4 days.
19a. DATE OF OPE	RATION 19b. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR T	'OWN) (COUN	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certi	ify that I attended the	e deceased from Jan.	1 , 1950, to Jan	12, 19.57, that I las	st saw the deceased
alive on	u / 7, 19 , an	d that death occurred at (Degree or title)	ADDRESS	causes and on the date	e stated above. DATE SIGNED
Hamu	el gil Suga	u ma	4300 rayno	Carrier "	ul Jan 12 13
23. BURIAL, CREM REMOVAL (Spec	1/14/51	St. Elmo Cer	netery		ounty) (State)
REG/15/51	LOCAL REGISTRAR'S	SIGNATURE	The S.H. Hen	R es Cos. 2901	ADDRESS -14 = St. n.w
		amarda Dons	ney'	3 9	10807



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1788

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY PRINCE GEORGES MARYLAND	STATE MARYLAND - PRINCE CEO'S	. ,
CITY (If outside corporate limits, write BURAL and OR give nearest today LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 5/00 LIVING STON RD.	
3. NAME OF (First) (Middle) DECEASE OF ELIZABETH	OF LANGE IN	(ear)
5, SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	2 Oct. 1867 9. AGE last birthday If under 1 year If under 2 Oct. 1867 83 yrs. Months Days Hours	
done during most of working life, even if retired) INDISTRY HOME	BIRTHPLACE (State or foreign country) 12. CITIZEN OF V COUNTRY? SA	VHAT
JAMES L. ME QUADE	14. MOTHER'S MAIDEN NAME PILKERTON	
15. Was Decrased Even In U.S. Armed Forces? 16. Social Security No. (Year of the Control of the	LAN CASTER OWERS, OXEN HILL	10
18. MEDICAL CE	RTIFICATION INTERVAL BETTONSET AND D	
Immediate cause (a) Gerebral 1471	norrhage 9 dan	p.
		2
Antecedent cause(s)	11. +	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	o + Hypertension	
830 Diseases or conditions, if any, giving rise to the above cause	> + Hypertension	9
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	20. AUTOPS)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)		77
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	Yes 🗆 N	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?	10 []
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (Hour) INJURY CCCURRED While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?	sed
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY While at Not While Work At work 22. I hereby certify that I attended the deceased from law of the street of the str	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.50, to Jan. 19., 19.51, that I last saw the decease of the causes and on the date stated above. ADDRESS A	sed 1951
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) Wile at Not While Work At work At work 22. I hereby certify that I attended the deceased from lecused at the signature of the course of the control of the course o	HOW DID INJURY OCCUR? DATE SIGN DATE SIGN ADDRESS DATE SIGN OCCURY OCCURY DATE SIGN OCCURY	sed 1951
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While More of INJURY 22. I hereby certify that I attended the deceased from alive on 19 miles of 19 miles (Degree or title) 23. FURTIAL, CREMATION DATE (Degree or title)	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.50, to Jan. 19., 19.51, that I last saw the decease of the causes and on the date stated above. ADDRESS A	sed 1951

Dr. Boyd, Coroner, notified + has approved issuance,.

Y cerlificate.

— Max & Feldman Mit.

The correct age

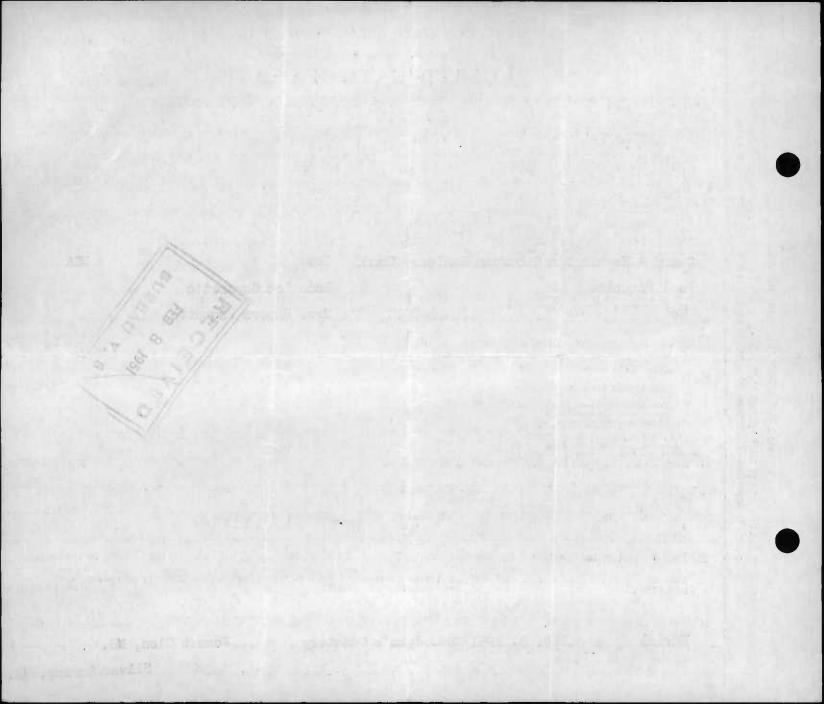
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH- COUNTY Ance Jedged MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	" Y / S
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Jon, Musik	STREET (Hrutal, give location) ADDRESS 703 Personny	Drive J
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH ON,	(Day) (Year) 81, 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under Months.	1 year II under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard — Washington Suburban Sanitary Comm.	11. BIRTHPLACE (State or foreign country) Towa	COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Paul Paquette	Rose Lee Saganette	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS	
No service) 281,-21,-8528	Mrs. Honora Paquette	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cuslicul (lecidet'	1230.50
Antecedent cause(s) Diseases or conditions, if any, (b)	ad Rutewindern -	and day on conditionation company or contract to
3 giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		00 00 00 00 00 00 00 00 00 00 00 00 00
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from/ 2-20	19.5/., to	aw the deceased
alive on	ADDRESS	ated above.
Collects (lef)	Gethell 19	3151
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or coun	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Pemetery Forest Glen, Md.	ADDRESS
REG /5/5/ Umanda Downey	1 Worner E. Prim placey Silver	Spring, Md.



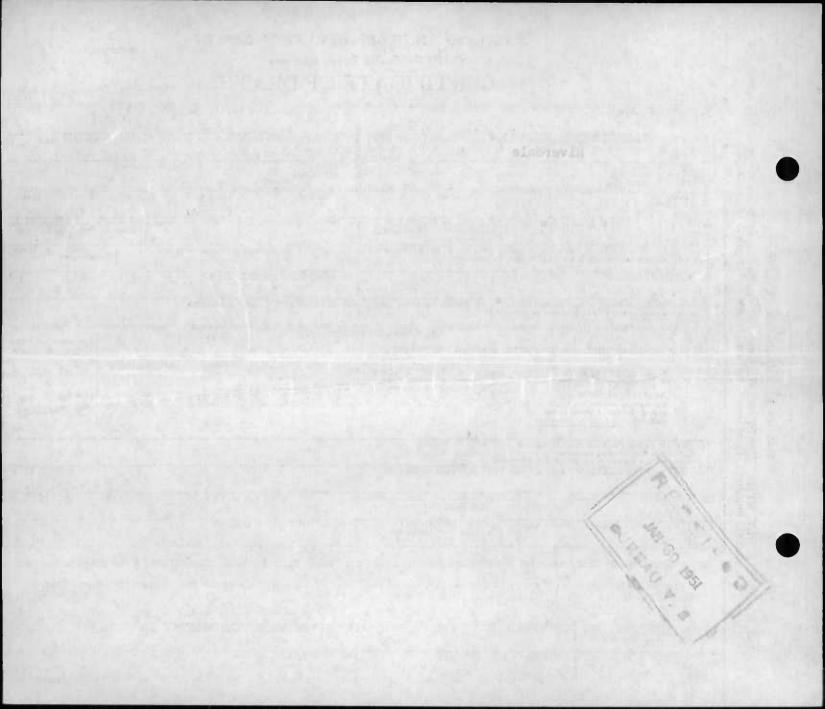
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist.	No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY MARYLAND	STATE Hashuston D.C. COUR	NTY
OR give nearest town) Distance LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	give nearest town)
TOWN ILL VETUALE V	TOWN Washington, 11.	6.
HOSPITAL OR INSTITUTION OR Cugene Teland Meninish STREET ADDRESS	STREET Off rural, give location ADDRESS 13 2 2 Ingraham	44 A/ \A/ /
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Mary (Christing)	Pfluger DEATH Jan	28 195/
6. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) WID WED	S. DATE OF BIRTH 9. AGE last hirthday If und Mont	der 1 year If under 24 hrs. hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.
Garlem Frederick William	Elizabeth Anna Arlen	5
15. WAS DECEMBED EVER IN H.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS,	
(Yes, no, or unknown) (If yes, give war or dates of None	Mrs. Helen Schlegel -1322 I	ng raham St. N.YV.
18. MEDICAL CE	extification Washington, D. @	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1~	INTERVAL BETWEEN ONSET AND DEATE
450.0 Immediate cause (a) Arouc	heles;	2 week
Antecedent cause(s)	el antos sale	undeter
Diseases or conditions, if any, (b) giving rise to the above cause		minul
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNT	TY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work □ At work □		
22. I hereby cartify that I attended the deceased from J.a. u. 1.7.	, 1951., to Jan. 22., 1951., that I las	t saw the deceased
1 - 10 10 5-1 and that doubt assumed at	2:50 P.m., from the causes and on the date	-t-t-7 -1
alive on. 28, 19.5, and that death occurred at SIGNATUSE: (Degree or title)	ADDRESS	DATE SIGNED
La Malen mo	Menerdale, mel	1-28-57
REMOVAL (Specify) /- 30-51 Nach C	CRY OR OREMATORY LOCATION (City, town, or ex	an DC
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
Jun a la factoria	100000000000000000000000000000000000000	10. C
•		10



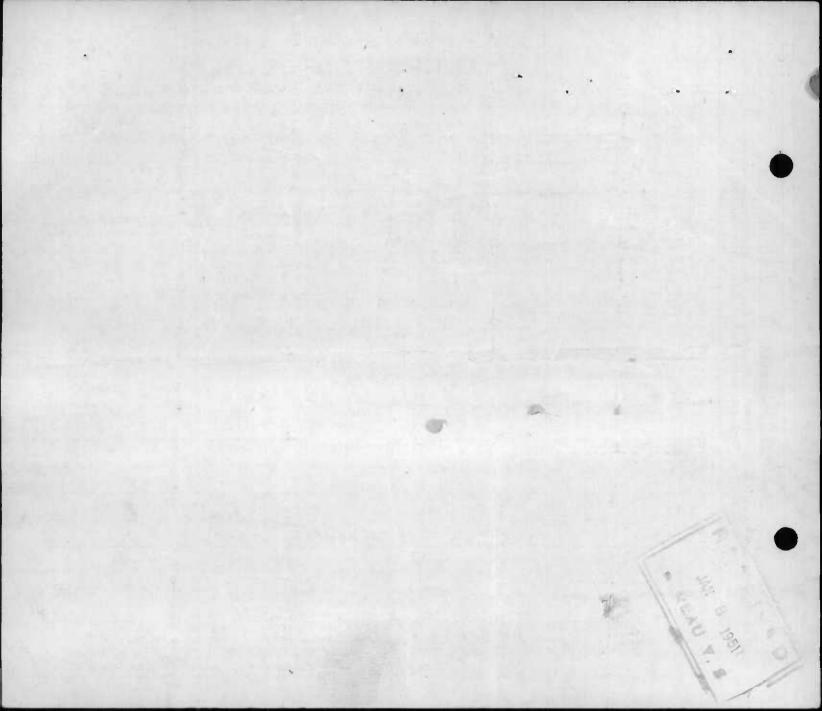
VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1791 Reg. Dist. No .. .

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Ca
CITY (If outside corporate limits, write RUPAL, and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	4 . 9
OR give hear (it town) TOWN (in the place)	OR TOWN Class Waver	
HOSPITAL OR INSTITUTION OR 2	STREET ((If ru ai give location)	1
INSTITUTION OR 3 18- andrey June	ADDRESS 318 auche	tany
3. NAME OF (First) (M(dle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Welander of Coyl	Ticker DEATH	3 1951
6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under I Months	
10s. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	U. BIRTHYLAGE (State or foreign country) 12.	CITIZEN OF WHAT
doneddring milit of working life, even if retired) ROUSTRY	michigan	COUNTRY 5 9
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
alejander ticker	Catherine toben	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (II yes, nive war produces of 362-12-3724	17. INFORMANT 10 July	
services of 362-12-3724	- FAFGIT A. GITTON	
	OKTILION ()	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) asplication	en	.0.0000 00 00 00 00 00 00 00 00 00 00 00
974×Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. EXTERNAL CAUSE WAS PRIMARY DOR CONTRIBUTING OF office plan, etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
CAUSE OF DEATH.	Glass Manon P.G	my
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF TO White at Not while work at work	HOW PID INJURY OCCUR?	
INJURY 3 5 work at work		
22. I certify that I took charge of the remains described above, held an A	Autopsy [], Inspection [], Inquiry [thereon and]	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece from: notural causes ☐, accident ☐, suicide ☑, homicide ☐,	eased died on the day stated above, and death in my	opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
12.19/12	In a tiple had	1-3-51
23. BURIAL, CREMATION DATE THE BOOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or count	
(Swingle Jan 8, 1951 Colington	· Cemetery Colington 1	20 71
BATE REC'D BY LOCAL RIGISTRAR'S SIGNATURE	M JUNERAL DIRECTOR JUL -11	DORES
Jan 6 1951 James Severy	I carena some maller	resid



PLEASE WILTE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

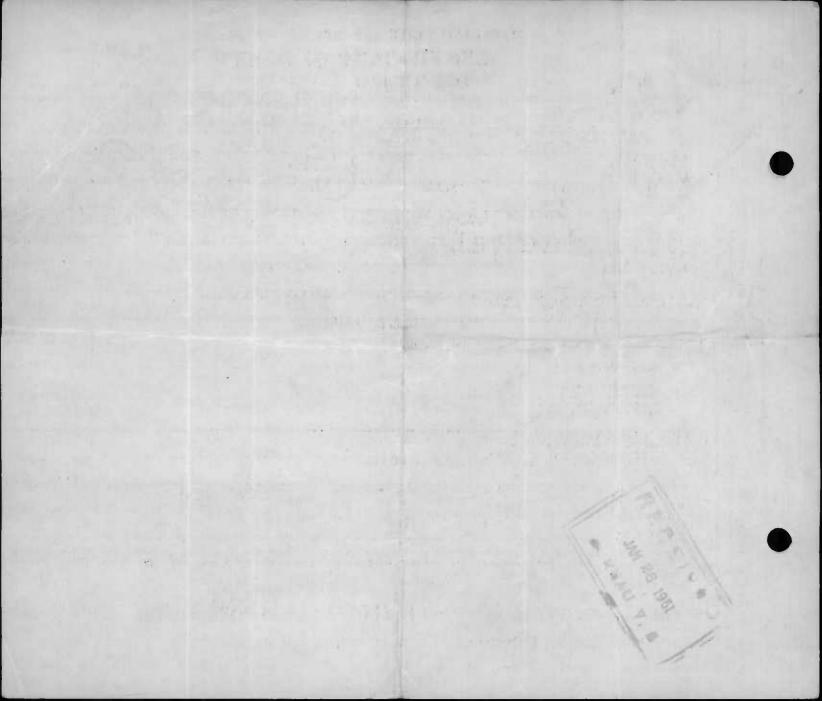
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0793

1. PLACE OF DEATH			2. USUAL RESIDENCE (I		
Frin	ce Georges Cou	inty MARYLAND	STATE Maryland		
OR give nearest t	rporate limits, write RUR	(in this piace)	OP.	ate limits, write RURAL	
TOWN Fair	rmont Heights	Md (le this place) Years	TOWN Fai	rmont Heights	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	s ==		STREET ADDRESS 5907 St	(It rural, give locat neriff Road	ion)
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Mont)	
(Type or Print)	Grace	Louise	Pollard	DEATH Jan	
female	colored	7. SINGLE, MARRIED, WIDOWED, MICHORCED, (Specify) Married	June 6. 1915		under I year II under 24 hrs. onths Days Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT
Housewi	fe	INDUSTRY OWN home	Spencerville N		COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
	e Bond		Unknov		
(Yes, no, or unknown)	ER IN U.S. ARMED FORCES (If yes, give war or dates of	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND A		11. 16 2 2
	service)	I8. MEDICAL CE	James Pollard	rairmont Hei	gnts Maryland
642.5 Immediate	Cause (a) f cause(s) orditions, if any, (b)	Congestive	heart fair	lure	INTERVAL BETWEEN ONSET AND DEATH
144 d giving rise to stating the un	the shove cause derlying cause last (c)	Pregnancy	7		1
Conditions contribut	ing to the death but not e or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSYT
					Yes 🕱 No 🗆
21. EXTERNAL CAU PRIMARY OR COL CAUSE OF DEATH.	NTRIBUTING [OF		(CITY OR	rown) (COI	UNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OC	CURI	
SIGNATURE	Malony	ins described above, held an A r Inquiry, find that said deced, suicide, homicide, (Degree or title)	ADDRESS Lowerh	- Hyalts	DATE SIGNED
BURIAL CHEMA	1/26/3	7 Paynes		Benning Ro	or county) (State) / Nash. J. C. ADDRESS
DATE REC'D BY L	JEGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	10 10	AUDRES

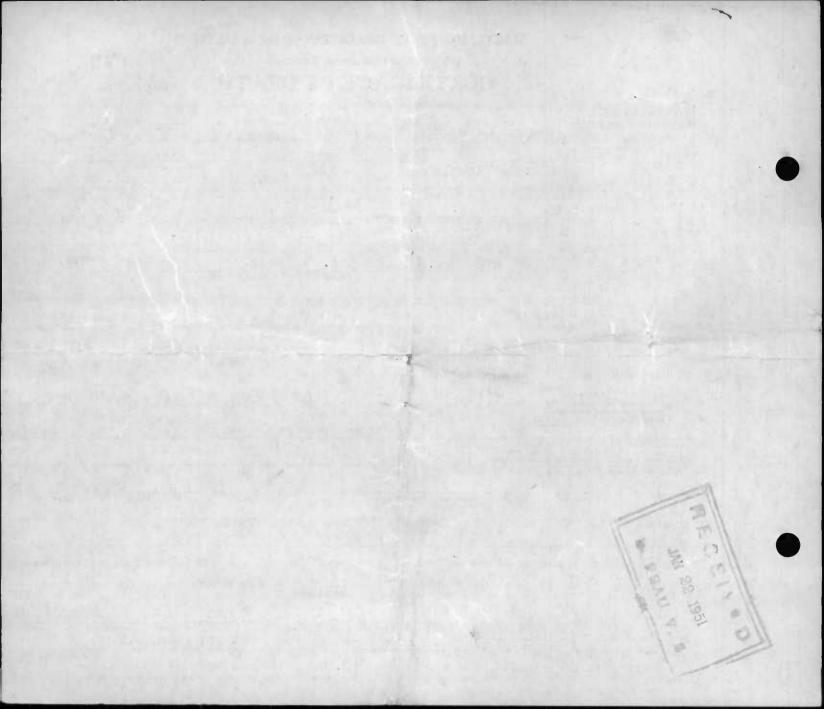


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
COMPTACE Georges MARYLAND	Maryland Prince Government
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN Hyattsville R (in this place) O MOS	TOWN Hyattsville R.R. 1 Box 1
HOSPITAL OR 1900 Blk. of Nicholson St. STREET ADDRESS	STREET (If rural, give location) ADDRESS 2900 Blk of Nicholson. St.
3. NAME OF (First) (Middle) DECEASED (Type or Print) Willette M.	Coole 4. DATE (Month) (Per) (Year) OF Jan 18, 1951 19
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, PLYORCED, (Specify)	Sept 3, 1883 9. AGE last birthday If under 1 year Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bank Clerk The Merk. T. of Ba	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Poole	?
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Ypacho, or unknown) (If yes, give men or dates of service)	Mrs Grace Augherton Same as # 1 & 2
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
A DESCRIPTION DIVISION AMERICAN	Order and David
Immediate cause (a) Corouscy dec	lesson 4 days
420,0 Antecedent cause(s)	a da da da da da .
Diseases or conditions, if any. (b)	asturaceusec year belas 10 years
93 giving rise to the above cause stating the underlying cause last	1
(o) Cerebral Mis	neposes (ald) / montes
II. OTHER SIGNIFICANT CONDITIONS	(4.20) to the diale
Conditions contributing to the death but not related to the disease or condition causing death.	(Miles) def since. Monther.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	Yes No 🗸
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9-2.	, 19.50, to 1-6, 19.50, that I last saw the deceased
alive on 1-6-50, 19, and that death occurred at 7	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Welliam trank M.D. &	1850 age 1800 11851
Burial, CREMATION DATE THEREOF NAME OF CEMETER BURIAL (Specify) Jan 22, 1951 St Marys Center of St Marys Ce	metery Washington, D.C. (State)
DATE REC'D BY LOCAL () REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
lang 9, 195 James Alvers	F. Gasch's Sons Hyattsville, Md.
	290716



Supply

PLAINLY, s especially i

(m) WRIT

PLEASE

Evidence for change in #8 shown on:

CITY (If outside corporate limite)
OR give mearest town)
TOWN

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) | (If yes, give war or dates of service)

> Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not

PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

21. EXTERNAL CAUSE WAS

INJURY

related to the disease or condition causing death.

TIME (Month) (Day) (Year) (Hour)

(First)

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

INJURY

While at

work

1. PLACE OF DEATH COUNTY

HOSPITAL OR INSTITUTION OR STREET ADDRESS

13. FATHER'S NAME

3. NAME OF

5. SEX

DECEASED (Type or Print)

MARYLAND STATE DEPARTMENT OF HEALTH

(in this place)

(Middle)

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Sychalane

16. SOCIAL SECURITY NO.

18. MEDICAL CE

10b. KIND OF BUSINESS.

O DUSTRIS

CERTIFICATE OF DEATH MM No. G 130 JAN 16 1951 FOR MEDICAL

0794

(State)

ADDRESS

L EXAMINERS	Reg. Dist. No. 242
2. USUAL RESIDENCE (HOME) OF I	DECEASED. COUNTY POLS
CITY (If outside corporate limits, wri	25
ADDRESS	al give location)
(Last) 4. DATE OF DEATH	
1000 1	birthday If under I year If under 24 hr Months Days Hours Min.
11. BIRTHPLACE (State of foreign cou	try) 12. CITIZEN OF WHAT
MOTHER'S MAINEN NAME	rooks
17. INFORMANT Ree	ler
RTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
heart falure	** 0.10 * ******************************
heart falure	linear
	20. AUTOPSY?
(CITY OR TOWN)	(COUNTY) (STATE)

22. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted GNED

from: natural causes .	accident .	suieide . homicide	undetermined [].		
SIGNATURE		(Degree or title)	ADDRESS		DATE SIG
comes/ 9	L 1 200	and my	Inestable	med	1-4-

23. BURIAL, CREMATION DATE/THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify)

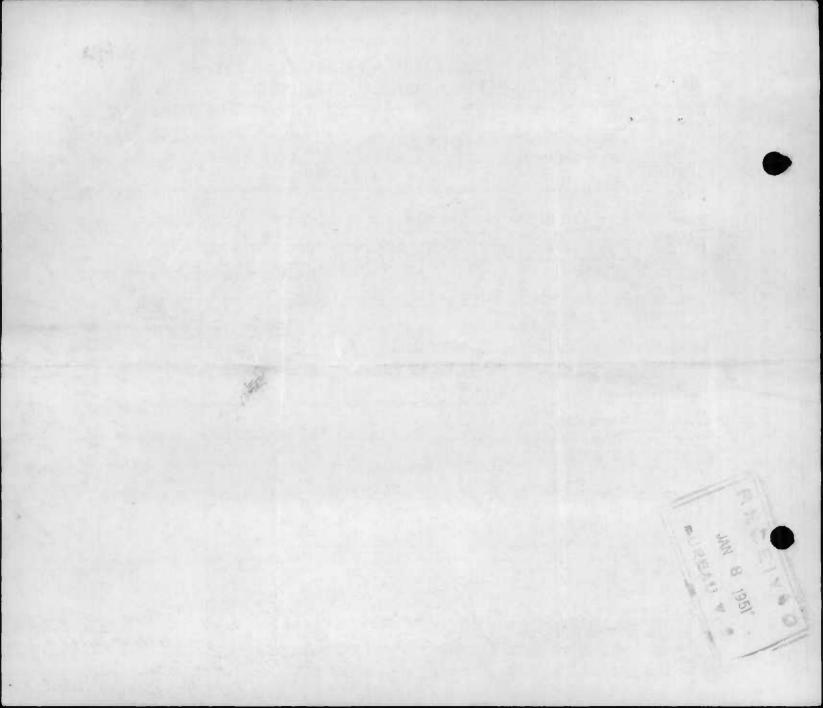
Not while

at work

PLACE (Home, farm, factory, street, OF office bldg., etc.)

INJURY OCCURRED

REG. REGISTEAR'S SIGNATURE



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIF	ICAT	CE OF	DEA	TH

MARYLAND STATE DEF	PARTMENT OF HEALTH	5
2411 N. Charles	Street, Baltimore	
CERTIFICAT	TE OF DEATH	740
1. PLACE OF DEATH- COUNTY Trince Did MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	V - 0-00
OR give nearest town) Naylor M (in this place)	OR TOWN Naylor Modern Street Comments of the C	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle) DECEASED (Type or Print) (Arte)	(Last) 4. DATE (Month) OF DEATH	(Day) (Year) 5 19-57
6. SEX 6. COLOR OR RACE 7. SHNGLE, MARRIED, WIDOWED, (Specify)	8. DATE OF BIRTH 3-23-1886 9. AGE last birthday If under Months yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) 10b. Kind of Business or Industry	Marilano	CITIZEN OF WHAT
Herze Richards	14. MOTHER'S MAIDEN NAME Norgaret Nicel	auces
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of lervice)	17. INFORMANT, AND ADDRESS Rechard	o (son)
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	1	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	repportes	2 mos
stating the underlying cause last (c) Chr prostate	hypertoophy	Unk
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	n. che Cardiar faulure	2 yrs
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No Z
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY OCCURRED Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1950, to 5. Jan, 19.57, that I last sa	w the deceased
alive on	ADDRESS .m., from the causes and on the date sta	ted above. DATE SIGNED
1/2 Hasser Mr 2	upper Marlboro, Md	5 Jan 52
REMOVAL (Specify) 1-8-51 Oxland	RY OR CREMATORY LOCATION (City, town, or county Waldsay	me
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR Henrit & Tayon Waldog	ADDRESS



The correct age

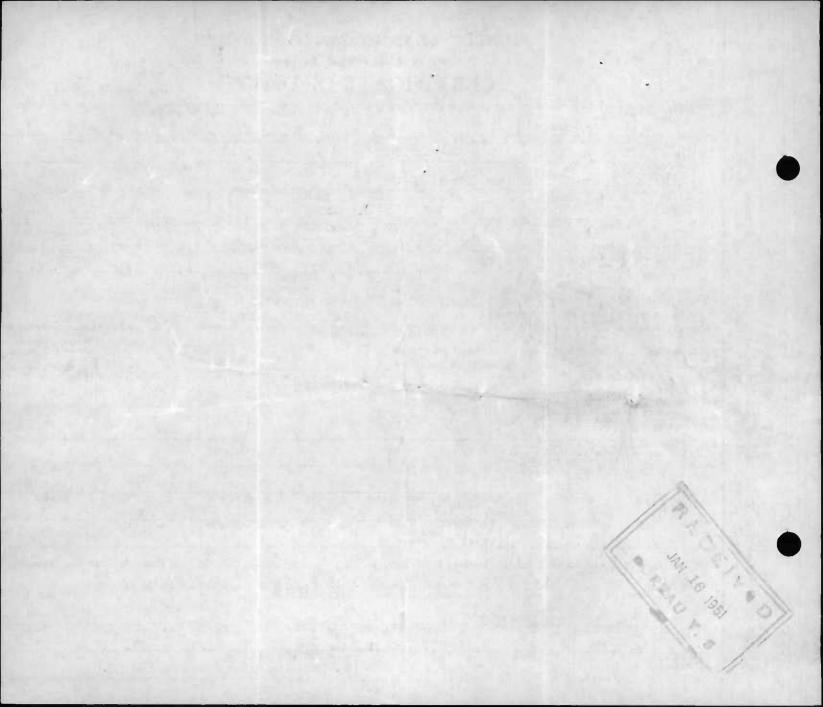
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6795 Reg. Dist. No. 23/

1. PLACE OF DEATH-		2. USUAL RESIDENCE (I	COIII	NTY
COUNTY Prince George's	MARYLAND and LENGTH OF STAY	STATE	Frince Georg	e's
TOWN Cheverly Md	(in this place)	OR Hya	ttsville Md.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges	Hospital	STREET ADDRESS 4326	(If rural, give location Farragut St)
3. NAME OF (First) DECEASED (Type or Print) John	(Middle) Walter Ri	(Last) chards	4. DATE (Month) OF DEATH Jan	(Day) (Year) 11, 1951-r9
5. SEX) 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WILDOWED	8. DATE OF BIRTH 2/23/1884	9. AGE last birthday If un-	
10a. USUAL OCCUPATION (Give kind of work 10	Ob. KIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (State of Maryland	r foreign country)	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME Leonard Richard	ds	14. MOTHER'S MAJOEN	NAME	
15. WAS DECRASED EVER IN U.S. ABMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Kathryn Caldwei	Address 11 Patuxent R	iver Md.
	18. MEDICAL CEI	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LE	ADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Ceceste Cer	in Occles		1 - 00 - 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0
420 / Antecedent cause(s) Disease or conditions, if any, (b)	Clarence Co	rem Int	Quen	
9 4 a giving rise to the above cause stating the underlying cause last (c)		8		0.0 mg 0.1 . PM 40.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FIN	DINGS OF OPERATION			20. AUTOPSY?
				Yes 🗆 No 🗀
	(Home, iarm, factory, street, ffice bldg., etc.)	(CITY OR T	OWN) (COUN'	TY) (STATE)
OF	JURY OCCURRED hile at Not While Vork At work	HOW DID INJURY OCC	CUR?	
22. I hereby certify that I attended the d			, 195)., that I las	
alive on	that death occurred at (Degree or title)	11:55P.m., from the	causes and on the date	stated above. DATE SIGNED
Ce bbat (le	1) +	tatoel	& led	1-15-51
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) 1/15/51	Mt. Olivet	Cemetery	Washington D.	odnty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNAL REG. 1/13/5/ Cunan da	Decene	24. FUNERAL DIRECTO	R S Hyattsville M	ADDRESS d.
			290%	36



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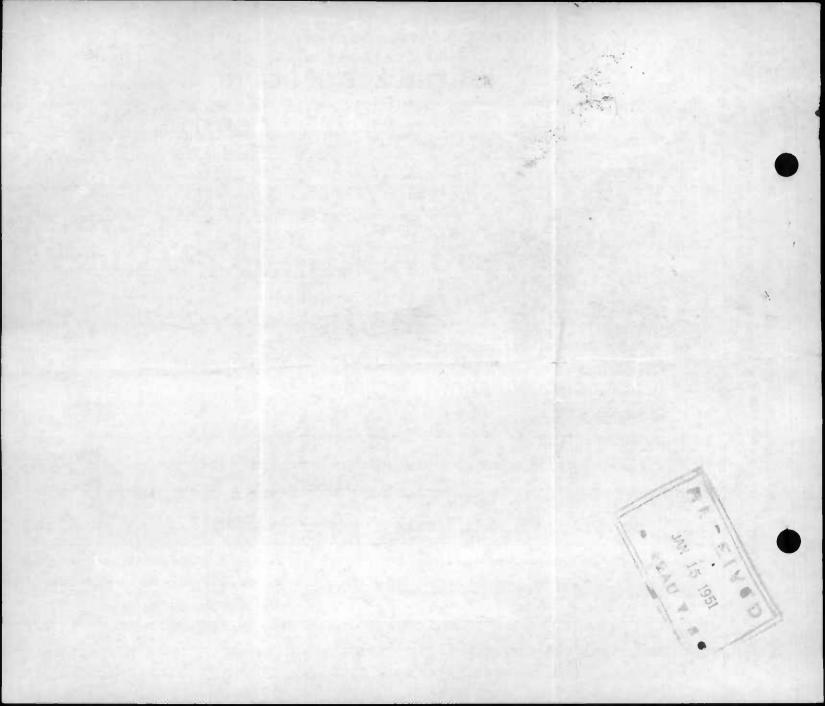
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY PAINS: (Jedy dle MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	0-
CITY (If outside sorporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
TOWN HOSPITAL OR HOSPITAL OR	TOWN BEAWYN	
INSTITUTION OR Jane Jung of Jon. Hos	STREET ADDRESS 5002 HURON 57.	
8. NAME OF DECEASED (Middle DANS R. (Middle DANS R.	hardson 4. DATE (Month) OF DEATH January	(Day) (Year) //, 195/
6. SEX 6. COLOR OR RACE 77. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	1(1000° 1 p)/ / 3/ (vrs.	Days Hours Min.
done during and of marking figure and trained in the line work in the second trained in the second trained in the second in the		COUNTRY 154
Bich ardsin Thomas (E.	14. MOTHER'S MAIDEN NAME May Selly	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or archown) (If yes, two or of the control of t	THOMAS E. KICHARISON -50021	Heren 57
/ 18. MEDICAL CE		71110
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
2.76 x, Immediate causa, (a) her ollow	, 'L	13 hrs
Antecedent cause(s) Diseases or conditions, if any, (b)	***************************************	40 MH 2 H MH + 12 + 17 + 17 17 17 17 17 17 17 17 17 17 17 17 17
glving rise to the above cause atating the underlying cause last	4	
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office hldg., etc.) HOMICIDE INJURY	(CITT ON TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 4	195 to Jun 11 1951 that I last sa	w the deceased
II and the second secon		
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
· Huis Wodula M. J.	30-A bridge Rd. frewbell, Ma	1-12-51
23. BURIAL, CREMATION DATE THE MEOF NAME OF CEMETER 15 1951 TV4 HILL	L CEMETORY LAUREL PR. GEO	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 13-51 (mandax awnly)		ADDRESS
20111161301		



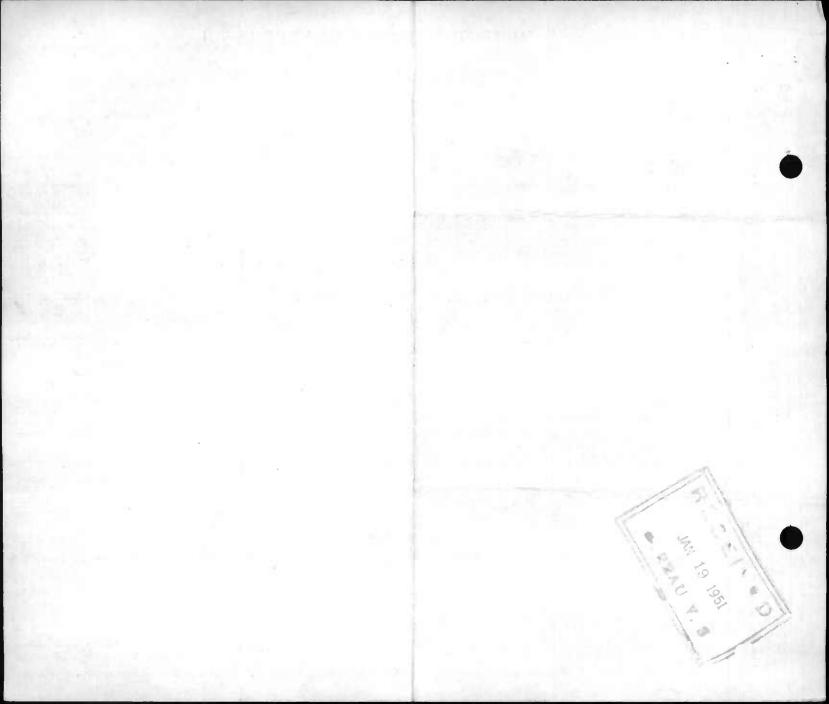
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6798

CERTIFICATE OF DEATH

1. PLACE OF DEATH	a. PrinceGeorge	CO MARYLAND	2. USUAL RESIDENCE (E	ome) of deceased	COUNTYPrinceGeor
CITY (If outside c OR give nearest	orporate limits write RUR.	AL and S LENGTH OF STAY 1 S (Ip. this place)	CITY (If outside corpora OR TOWN Boulive	to minos, with redically	and give dearest cown)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R	100 / 110	STREET ADDRESS 5106 I		
3. NAME OF DECEASED (Type or Print)	ANNE	(Middle) MATILDA	RILEN	4. DATE (Mon OF DEATH	13/51 19
5. SEX	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WILLOW	8. DATE OF BIRTH	866.84 VIS. 1	funder 1 year If under 24 hrs. Min.
done during most of w	ATION (Give kind of work working life, even if retired)	10b. Kind of Business or Industry	Louden Co. V		12. CITIZEN OF WHAT COUNTRY?
HOL 13. FATHER'S NAM	E Henry Ree			R Nicols	
15. WAS DECRASED E	ver in U.S. Armed Forces (If yes, give war or dates of service)	? 16. SOCIAL SECURITY NO.	Mrs Johr		5106Byers & t Boulivardes
		18. MEDICAL CE			1
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
260x Immediat	e cause (a)	ORONARY THROM	B05/3		Sarba
Diseases or giving rise to	o the above cause	ORONARY YEART	DisEAJE+ SCLE	R03/3	2 years
		DIABETES MELL	145		13 years
Conditions contributed to the disea	ICANT CONDITIONS uting to the death but not use or condition causing deat				
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN) (CO	UNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	OUR?	
	ify that I attended the	deceased from MascH	, 1949, to JAMHA	٨٤/٦٤ المراج 19.مارك., that I	last saw the deceased
alive onA.	N. 1.2, 1951., an	d that death occurred at (Degree or title)	7:00.A.m., from the	causes and on the	late stated above. DATE SIGNED
Einest	Cornelsen		400 Bowen H. SE		1/13/51
23. BURIAL, CREM REMOVAL (Spec	al Jan 16	/51 Forest (lak	OCATION (City, town, Gaithersbu	rg.Md.
DATE REC'D BY	EOCAL REGISTRAR'S	f. Campbell.	24. FUNERAL DIRECTO	R Gai	thersburgs
		77		COLUMN TO SERVICE SERV	



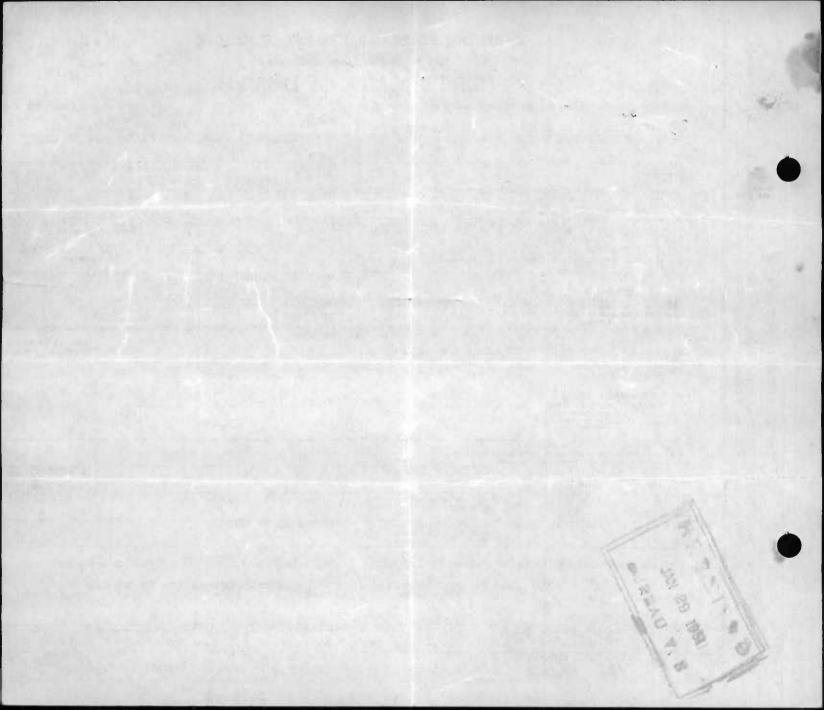
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	ince Georges Co		2. USUAL RESIDENCE STATE Maryla		sed. e Georges Co
OR give nearest	orporate limits, write RURA town) entwood Md.	L and LENGTH OF STAY	CITY (If outside corp OR TOWN	Brentwood M	RAL and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R		STREET ADDRESS 400	(If rural, give	location)
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE ()	Month) (Day) (Year)
DECEASED (Type or Print)	Everett	Hiram Robe	rts	OF DEATH J	an 23, 1951- 19
s. sex male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WI DOWED	8/29/1863	87 years	y If under 1 year If under 24 hrs. Months Days Hours Min.
Retired r	ATION (Give kind of work vorking life, even if retired)	10b. Kind of Business on Covern Printing off		York	12. CITIZEN OF WHAT COUNTEY?
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDE	EN NAME	
Abr	aham H. Roberts		Eliza	beth Tite.	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES' (If yes, give war or dates o	16. SOCIAL SECURITY NO.	Marguerite R	ADDRESS	entwood Md.
		18. MEDICAL CE	PTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY		MIII ORIIOI		INTERVAL BETWEEN ONSET AND DEATE
		Dela soll for	U		16 /20 -
100 Immediat	e cause (a)	Goffee Society		**************************************	
	nt cause(s) conditions, if any, (b)	(Pardio	- vascular d	ware	
giving rise t	o the above cause underlying cause last	S.	· L.	200.00	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	(c)	June			
Conditions contributed to the disease	ICANT CONDITIONS uting to the death but not use or condition causing death				
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
					Yes No Z
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OF	TOWN)	(COUNTY) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY	OCCUR?	
INJURY	m. I	Work At work			
		deceased from 6/15			
alive on/	23 , 1957 , an	d that death occurred at (Degree or title)	ADDRESS from the	ne causes and on the	he date stated above. DATE SIGNED
St	wah Ir &	uxlin Mo	t)		
23. BURIAL, CREM DEMOVAL Spec	elly) DATE THEREC	NAME OF TEMETE	n Cimeter	Colman	win, or county) New (State)
DATE REC'D BY	LOCAL BEGISTRAR'S	SIGNATURE	LASELE CASELE	one Hite	therele My
full by				510	2 9/6
					The state of the s



VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

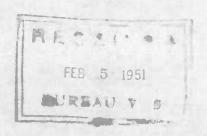
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0800

CERTIFICATE OF DEATH

COUNTY Prince Georges MANYLAND CITY (if cutuals exposure limits, with RIRAL and LENGTH OF STAY OR STORY OF STAY ON STAY ON STAY (in this place) CITY (if cutuals exposure limits, with RIRAL and give nearest town) TOWN Washington RESTRICT OR STREET ADDRESS Glern Dale Sanatorium RESTREET ADDRESS Glern Dale Sanatorium MANYLAND RESTREET ADDRESS Glern Dale Sanatorium MANY OR OWN Washington Grant Gr	1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
CITY Of outside capported limits, write RURAL and give mearest town) ONE of the place of the pl	Prince Georges MARYLAND	D.C. COUNTY	
STREET ADDRESS Glern Dale Sanatorium STREET ADDRESS 326 - A. St., N. E.	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)	
STREET ADDRESS Glenn Dale Sanatorium ADDRESS 326 - A. St., N.E. ADDRESS 326 - A. St., N.E.		TOWN Washington	
3. NAME OF CENTER OF COLOR OR RACE DECEMBERS OF COLOR OR RACE TYPE OF THE O	HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium		1
DECEASED Type of Pint) 6. COLOR OR RACE 7. SINGLE MARRIED. 6. SIX 6. COLOR OR RACE 7. SINGLE MARRIED. 6. SIX 6. COLOR OR RACE 7. SINGLE MARRIED. 6. SIX 6. COLOR OR RACE 7. SINGLE MARRIED. 6. SIX 6. COLOR OR RACE 7. SINGLE MARRIED. 6. S. DATE OF DIRTH 7. Specify) married 6. 4-57 63 77. Months Day Hunder 24 hrs. 62 Millower Millower			ear)
5. SEX MALE OLOR OR RACE MALE MALE MIDWED, DIVORCED, SPEIDTH 9. AGE last hirthday If under a year If under 2 year Months Days Hours Min. 16a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired (Speidy) married Married Months Days Hours Hours Hours Hours Hours Hour	DECEASED PALMIRO	OF	
Months Days Hours Min. Specify majryied Government Gov	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 2	4 hrs
108. USUAL OCCUPATION (Give kind of work) Annead process of the continuing life, even if retired) Industry 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WEAT CONSTITUTE Peter ROSSI 13. WAS DECARRED EVEN IN U.S. Annead FORCES! (Yes, no, or unknown) [UI yee, give war or dates of Industry] 13. WAS DECARRED EVEN IN U.S. Annead FORCES! (Yee, no, or unknown) [UI yee, give war or dates of Industry] 14. MOTHER'S MAIDEN NAME Theresa Garbin 15. WAS DECARRED EVEN IN U.S. Annead FORCES! (Yee, no, or unknown) [UI yee, give war or dates of Industry] 16. SOCIAL SECURITY NO. 21. ACCIDENT (Anneediate cause (a) Diseases or conditions, if any, giving rise to the above cause at the show cause and stated to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (CITY OR TOWN) (COUNTY) (STATE) TIME (Month) (Day) (Year) (Hour) While North While		Months Days Hours	Min.
Peter Rossi 15. Was Dektased Ever in U.S. Armed Forcest (Yes, no, or unknown) (If yes, give war or dates of no leaving) 16. Social Security No. 21,3-03-581 17. Informant and address 18. Medical Certification 17. Informant and address 18. Medical Certification 18. Medica	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	CQUNTRY?	HAT
15. MAS DECRASED EVER IN U.S. ARMED FORCES? (Yee, no, or unknown) (If yee, give war or dates of 10. 21,3-03-5581 Decedent I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Antecedent cause(s) Diseases or conditions, If any, (b) giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CUNDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 21. ACCIDENT (Specily) FLACE (Home, farm, factory, street, of the MAJOR FINDINGS OF OPERATION 22. ACCIDENT (Specily) FIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF NOT While at Not While A		14. MOTHER'S MAIDEN NAME	
15. MAS DECRASED EVER IN U.S. ARMED FORCES? (Yee, no, or unknown) (If yee, give war or dates of 10. 21,3-03-5581 Decedent I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CUNDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specily) FIACE (Home, farm, factory, street, of the Molicipe of the Molic	Peter Possi	Theresa Garbin	
Conditions contributing to the death but not related to the disease or conditions, it away give war of office bidg., etc.) PLACE (Home, farm, factory, street, HOMICIDE HOME) PLACE (Home	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
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Immediate cause Antecedent cause (a) Pulmonary Tubacalosis Immediate cause Antecedent cause (s) Diseases or conditions, if any, (b) Diseases or conditions, if any, (c) Diseases or conditions, if any, (c) Diseases or conditions or cause is a death at the underlying cause is a de		RTIFICATION	
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Stating the underlying cause last (c) (d) (d) (d) (e)	Diseases or conditions, if any. (b)	**************************************	
Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death occurred, Conditions contributing to the death occurred to the disease or conditions causing death. Conditions contributing to the death occurred to the death occurred at	giving rise to the above cause stating the underlying cause last		
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No Death of Peration 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE (INJURY) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While INJURY) 22. I hereby certify that I attended the deceased from Port (Degree or title) 23. BUEIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, rows, or county) DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. ACCIDENT SUICIDE OF office bldg., etc.) OF offic	Conditions contributing to the death but not	asis unlune	m
21. ACCIDENT SUICIDE OF office bldg., etc.) PLACE (Home, farm, factory, street, OCITY OR TOWN) OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While at Not		20. AUTOPSY	?
21. ACCIDENT SUICIDE OF office bldg., etc.) PLACE (Home, farm, factory, street, OCITY OR TOWN) OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While at Not		Yes 🗆 No	o d
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While Not W	SUICIDE OF office bldg., etc.)		
22. I hereby certify that I attended the deceased from 9-7-, 1950, to 24-, 1950, that I last saw the deceased alive on 24-, 1950, and that death occurred at 2500 m., from the causes and on the date stated above. SIGNATURE: Obegree or title) ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. 1/24/51 23. RUBLAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) DATE RECTO BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
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SIGNATURE (Degree or title) ADDRESS Glenn Dale Sanatorium (Date signed (Degree or title) ADDRESS Glenn Dale Sanatorium (Date signed 1/24/51 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specily) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	alive on 1 - 24 - 106/ and that death aggregat at 5	2.609 - m from the source and on the data stated above	
Common Date Sanatorium Common Date Sanatorium 1/24/51		ADDDESS DATE STONE	ED
23. RUBLAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Speelly) 1-ZY-5/ DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	(T) 'DP () . m (D)	Glenn Dale Sanatorium	
REMOVAL (Spelly) 1-24-51 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	X lines 120 7 incecare 11/1. 1.		
	PENGVAL (Speely)		9)
REG. 1125151 1 Well West 1 X. 1 Im leed Sous lee 1 7 7	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
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584321 300 4 har man		584321 300 4th St Hage	to



VS. A15

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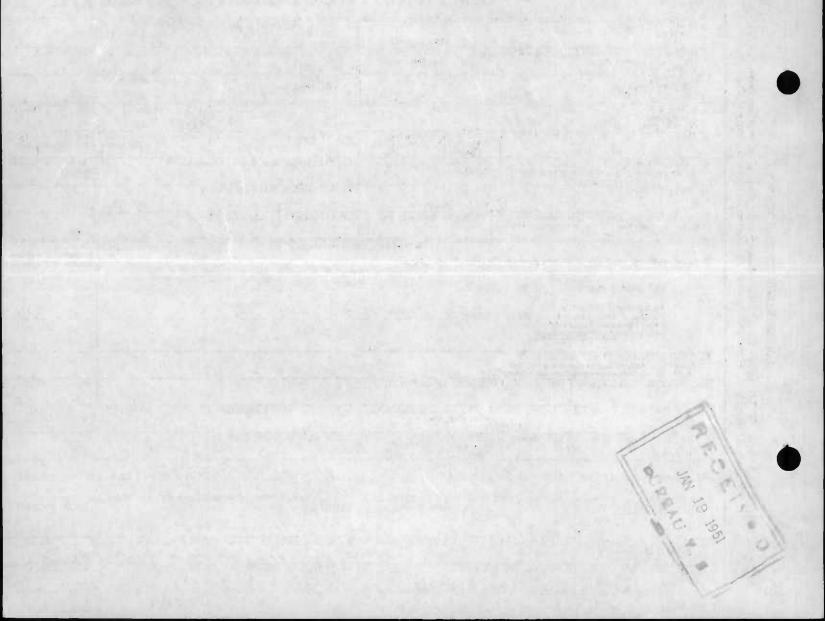
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18145

1. PLACE OF DEATH- COUNTY LINE LEOLAE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Pring Is.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN WITH AND TOWN TOWN OR INSTITUTION OR	CITY (II outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3/2/ July Chapel Rol	STREET (If rural, give location) ADDRESS 3/2/- Queens like	pul Rd.
3. NAME OF MANY (First) (Middle) DECEASED (Type or Print)	Rowe 4. DATE (Month) OF DEATH (Mn	(Day) (Year) /7 195"/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORGED, (Specify), Colorer	Jan 1, 1884 (yrs. 1	Days Hours Min.
done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	Wash (C.,	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Colli	ix
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS House	4 00
18. MEDICAL CE	RTIFICATION 919-44CCT, N. W. W.	th, Wit
I, DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	the 1.	11/
420. Immediate cause (a) coronary	in more .	1/27/2
Antecedent cause(s)	A	15 mm
Diseases or conditions, if any, (b)		
stating the underlying cause last		
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Acht	19 46 to lan 17, 19, 5%, that I last as	w the deceased
	//	
alive on	ADDRESS	ted above. DATE SIGNED
Kraha At Shaw 22	2 1324 much (10 1/3 (DC.	1-17-51
23. BURIAY, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) - 20-5/.	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. BUNERAL DIRECTOR	ADDRESS
Jan 1951 ms Jas Deverel Wenty	I me s 13 / two eo.	000
()	2901-149	a Maria

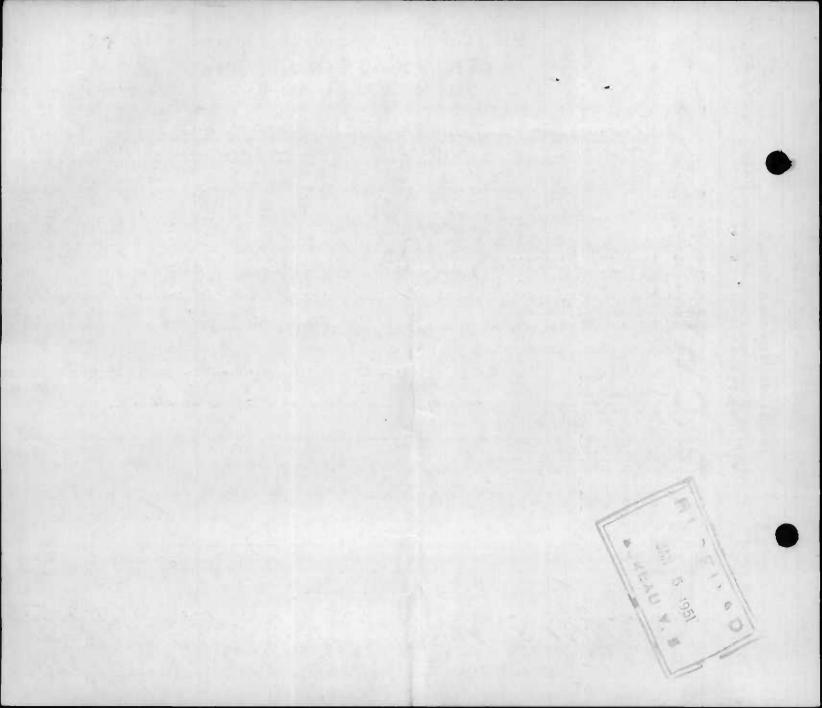


VS. A15A

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CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1. PLACE OF DEATH- COUNTY COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY P. S
OR give nearest fown Countries RURAL and Countries of the place)	CITY (If outside cosporate limits; Frite RURAL and give nearest them)
HOSPITAL OR' INSTITUTION OR STREET ADDRESS 1228- 55th Grenne	STREET ADDRESS / 2 2 8 - SS (If ru al give to atton)
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Lest) 4. DATE (Month) (Day) (Year) OF DEATH 2 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, W/DOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hre. 3-27-21 2
10a. USUAL OCCUPATION (Give kind of york done during most of working life even if retied) 1. Notice of working life even if retied in the life of the	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT SUMTRY?
13. FATHER'S NAME Shellon Russ	14. MOTHER'S MAIDEN NAME Mildred Frances Dudley
15. WAS DECRASED EVERAN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Co + a	
754 Immediate cause (1) Wester Con	ezelen rear failur
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	at heart disease
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No D
21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while Not work at work	1:0W DID INJURY OCCUR?
from: notural causes accident , suicide , homicide , signature (Degree or title)	used died on the day stated above, and death in my opinion resulted
DATE REC'D BY LOCAL REGISTIKAR'S SIGNATURE REC. 3.51 Carry F. Cambbell	21. FUNERAL DIRECTOR W. W. Chaufers Co-5/7/1 St SE
	(270501



PLEASE WRITE PLAINLY, is especially

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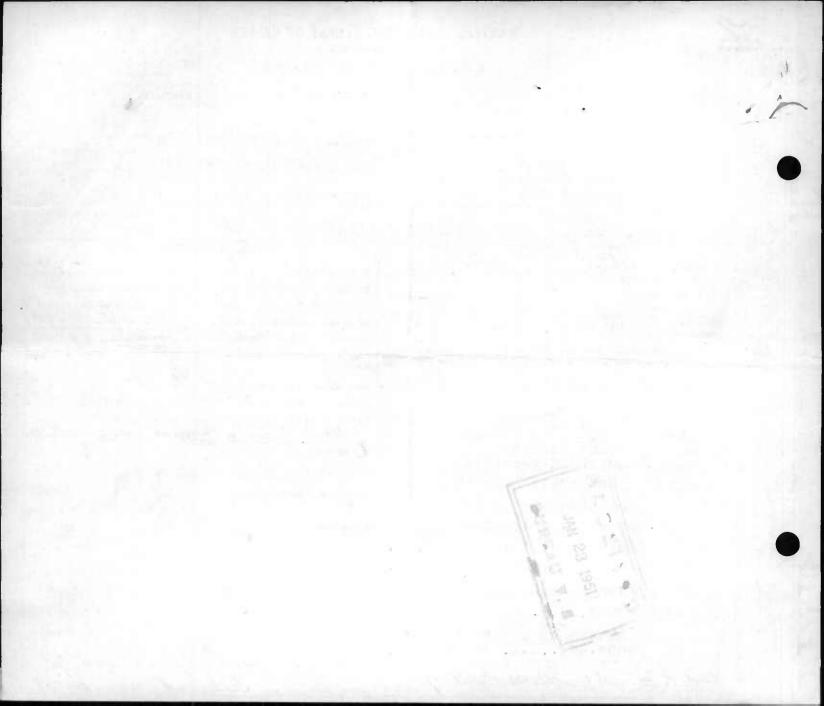
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(18113) Reg. Dist. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) 0. (For newborn infants give residence of	mother)
City or town (11 outside city or town limits, write RURAL and give nearest town)	State Cou	
How long in above place of death?	City or town Ciudad Tru	write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Sireet No. Dominican Rep	oublic
3304 houses arus	(If rural, give	LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
Ricardo Salazar (RICARDO SA	LAZAR)	None
4. Sex 5. Color or race & 8.(a) Single, married, widowed, or divorced child	MEDICAL CI	ERTIFICATION 19.7 , at 9.59
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date abo	
6.(c) If alive, give age	1919	5-1 10 1/20 19.5-1
7. Birth date of Tune 26 1949	and that I last saw havealive on	18.51
8. AGE: Years Months Days If less than one day	Immediate cause of death. Salkanum	T. Jonamonica OURATION
/ 6hrsmin.		2 days
	11: 1-	
9. Birthplace Ciudad Trujello-Dominican Repb.	Oue to the enfeatures V.	ulerna!
1D. Usual occupation	heworkigs	
11. Industry or business Infant	Due to.	of the lower of the last of th
11, meanly of deciment		usteau abstral Curte Mr.
Dominican Depublic	Diher conditions	
	(Include pregnancy within 3 r	nonths of death)
Margarita Morales 14. Maiden name Margarita Morales 15. Birthplace Dominican Republic	Major findings of operations	
2 15. Birthplace Dominican Republic		
16. Informant Dr. Angel E. Salazar	Autopsy results	
Address Professional Bld'g. Herndon. Va.	PHYSICIAN: Please underline the cause to wh	sich death should be charged statistically.
Domorra 1 Tonuana 09	22. VIOLENCE: If death was due to external cau	ses, fill in the following:
Removal (Burial cremation, or removal, Which?) Date thereof January 22 (month) (day) (1965)	Accident, suicide, or homicide	Date of
Cemetery or crematory Ryan Funeral Home	Where did injury occur?(City or town)	(County) (State)
lecation Washington, D.C.	Injured at home, farm, Industry, public place (wi	
James T. Ryan, Jue.	Means of Injury	tnjured at work?
t8. Funeral director. 317 Penna. Ave., S.E. Washington, I		09-4: (1
Jan 22 157 Janus Sever	23. SIGNATURE ROMAN FF	M. D. or other M. D. or other
(Date fee d by fegistral)	Address	Date Signed



2411 N. Charles Street, Baltimore

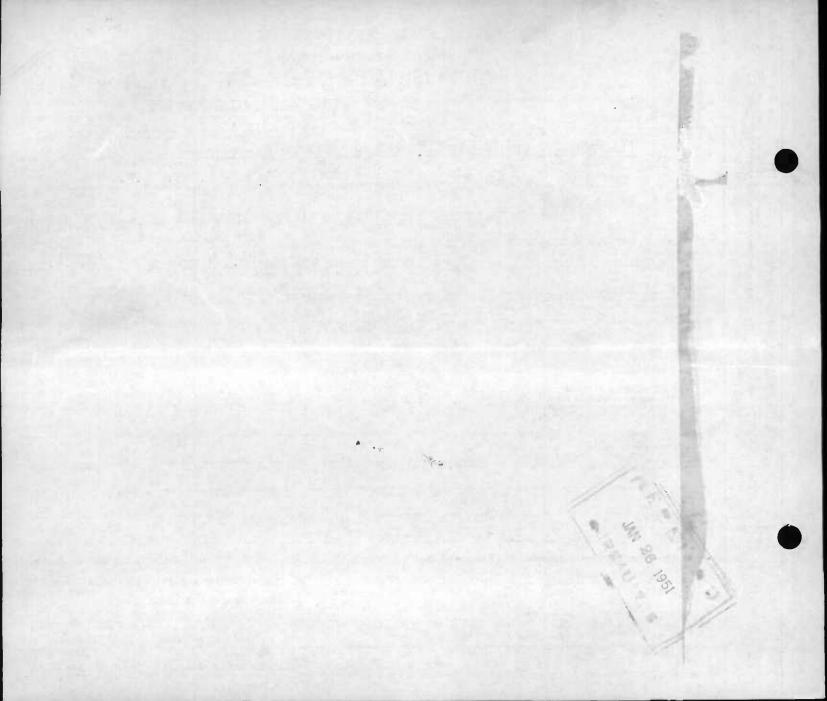
CERTIFICATE OF DEATH

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Prince Georges MARYLAND	D. C.	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give	e nearest town)
TOWN Glenn Dale, (RURAL) 6 mo. 21 days	TOWN Washington	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS Glenn Dale Sanatorium	1430 - V. St., N.W.	./
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) ALFRED	SAYLES DEATH	19 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last hirthday If under I	vest ill under 24 hr
MALE NEGRO WIDOWED, DIVORCED, (Specify)	6/15/1910 NO yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		OUNTRY?
Helper on truck	Caroline Co., Virginia	0.D.R.
William Sayles 15. Was Decrased Ever IN U.S. Armed Forces? 16. Social Security No.	Mary Morton 17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) [If yes, give war or dates of Colored	Decedent	
117		
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
1) Allmoner	Muhor Pri	11 months
Immediate cause (a)	Juberculosis	11 11000110
Antecedent cause(s)		
136 Diseases or conditions, if any, (b) giving rise to the above cause	11 pri : 1 1 1 2 3 4 7 000 000 0 1 1 4 1 4 2 5 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	***************************************
stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street.	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office hldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
22. I hereby certify that I attended the deceased from 6/36	19.50, to 1/19/ 19.50, that I last sa	w the deceased
alive on	ADDRESS	ted above.
CONTRACTOR (Degree of citie)	Glenn Dale Sanatorium,	DATE SIGNED
Vancel LED Finercano M.N.	Glenn Daie, Maryland	1/10/51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county	(State)
REMOVAL (Specify) ///9/5/	Trederily-bron - Vi	Mar a
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 11951 Wede Weiss D.1	Kay Fredericksburg Vieg	inio-
	diameter to	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



290816

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	neg. Dist. 110
1. PLACE OF DEATH- COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY (Prince Rease
CITY (If outside corporate limits, write RURAL and OR give nearest town) FOREST + E19913	CITY (If outside corporate limits, write RUBAL and give nearest town) OR TOWN Forrest Height.
HOSPITAL OR INSTITUTION OR STREET ADDRESS / >> Rolph DRIVE	STREET ADDRESS 122 Rolph Drive
3. NAME OF (First) (Middle) DECEASED (Type or Print) CORGE	(Last) 4. DATE (Month) (Day) (Year) OF DEATH JAN 4 195/
5. SEX Male 6. COLOR OR RACE 7. SINGLE, MARRIED, White (Specify) who were	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs Months. Days Hours Min.
done during most of working life, even it etired) 10h. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? S. Q.
Edward Gustav Seitz.	Calherie Schmaltz.
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service)	George K. Seitz. 122 Rolph J. Farrest Seorge
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Cerebro Vascu (a) Cerebro Vascu	ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	515. Heart. Disease E Hypertension years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	of PROSTATE
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\text{No} \(\text{No} \(\text{N} \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR
22. I hereby certify that I attended the deceased from July	, 1948, to Jan 4, 1951, that I last saw the deceased
alive on tau. 4, 195/, and that death occurred at	2800 S. Capital St. Washoc 1/5/51
23. GURIAL CREMATION DATE //5/1951 NAME OF CEMETER STATES OF CEMETER SECURITY GENERAL CONTROL OF CEMETER SECURITY GENERAL CONTROL OF CEMETER SECURITY CONTROL OF CEMETER S	retry 120 th st. Blue Island IC
REG. S. 1951 Carrie J. Campbell.	24. FUNERAL DIRECTOR LEO. 517-118 S.E.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. Al5

this ceri y corner notifies Thirth ME Fellewan Me.

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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			nef8
	D:	B.1 ::	
eg.	DIST.	Lio.	

1896

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH (Fac ROa)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For powhorn infants give residence of mother)
County America feelings of the attacker	State County
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Streel No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) if veteran, name war
3. (a) FULL NAME Donald P. Shagar	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male white child	20. DATE OF DEATH. 15 19.57 , at 3 45 / M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	aug 20 1950, 10 Jan 15 19.3-1
7. Birth date of	and that I last saw h cace alive on
deceased (mo., day, yr.) September 3, 1944	Immediate cause of death Aleuptshage - Lane, OURATION
8. AGE: Years Months Days it less than one day	nouth intesting frust 2500
/ 5min.	
9. Birthplace Washington, OC	ove to cerebral palsy with leath on
(Town, eounty, and atate)	conjunted bludhers and cerebral
10. Usuai occupation	Que la agenteir
11. Industry or business	
I 12. Name hee H. Shingar	Other conditions
12. Name Ace H. Shangan 13. Birthplace	35/X
	87e (Include pregnancy within 3 months of death)
14. Maiden name La veuse Shungas (?)	Major findiogs ol operations
15. Birthptace	
18. Informant Telescopy	Actopsy results
Address la Ho 3 agen Rd. Shyatto wille Md	
17 Removal Que thereof - 5-1951	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, oremation, or removal. Which?) (month) (day) (year)	Accident, eulcide, or homicide
Cemetery or crematory	Where did injury occur?
Location Location Control Cont	Injured at home, tarm, industry, public place (where?)
F 12 7 11/31	Mesns of injury Injured at work?
18. Funeral director	100-1-
Address Clingson da	23. SIGNATURE Server A. Mariateria II
19. Outo ree'd by registrar) (Outo ree'd by registrar)	M. D. or other
(Oute ree'd by registrar) Registrar	Address alege lask Mill Date signed 101

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REPORT TO 27 CONTROL

The state of the state of the state of

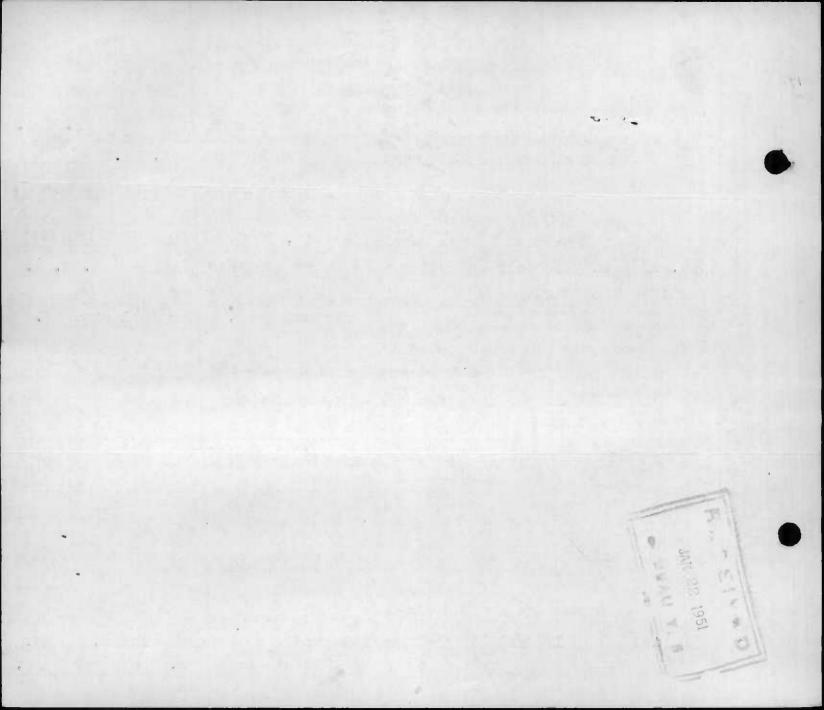
CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

(1847

of Diet No. 232

I. PLACE OF DEATH	nce Georges'		2. USUAL RESIDENCE (F		COUNTY Pr	. Geo.
	orporate limits, write RUR.	MARYLAND AL and LENGTH OF STAY	CITY (If outside corpora			
OR give nearest	town)	26 vears	Town Upper 1			ac comity
HOSPITAL OR		120 years	STREET	(If rural, give lo	ocation)	
INSTITUTION OF STREET ADDRESS			ADDRESS Recto	ry Lane		
3. NAME OF	(First)	(Middle)	(Last)		onth) (Day) (Year)
DECEASED (Type or Print)	Gervis	Gardner	Shugart	OF DEATH 1	18	1957
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday	If under I year	If under 24 hra.
Male	White	(Specify) Married	Sept 16, 1900	50 yrs.	Months Days	Hours Min.
done during most of	ATION (Give kind of work	10h KIND OF BUSINESS OF	11. BIRTHPLACE (State o	r foreign country)	12. CITIZ COUNT	EEN OF WHAT
Supt. of Co	vorking life, even if retired) unty Schools	Education	West Virgi	nia	- Booking	S. A.
	Shugart		Margaret			
	VER IN U.S. ARMED FORCES (If yes, give war or dates	7 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs	. Gervis G	araner	Shugart
	service)		Rectory Lane	, upper Ma	riboro,	Mich
		I8. MEDICAL CE	RTIFICATION		INTE	RVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				T AND DEATH
\$ 31	(-)	CARAGERE	Thromber	ug	1	heur
Immediate	e cause (a)			0 01010A 0007 A 00 00 000 -0		
Anteceder	nt cause(s)	Me en War	· CAMADARA	1		41000
	conditions, if any, (b)					
	inderlying cause last					
II OTHER STANIES	(e) CANT CONDITIONS			***	1	
Conditions contribu	iting to the death but not	and In				1 2 110
	se or condition causing deat	FINDINGS OF OPERATION	m courses		1 20	AUTOPSYT
ha	A I I I I I I I I I I I I I I I I I I I	The state of the s				4.
21. EXTERNAL CA	USE WAS. PLA	CE (Home, farm, factory, street,	(CITY OR 7	rown) ((COUNTY)	(STATE)
PRIMARY OR CO	ONTRIBUTION OF	office bldg., etc.)				,
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?		
OF INJURY	m.	While at Not while work at work		roul		
				Y		
22. I certify that I	d Autoney Interestion of	ins described obove, held an A r Inquiry, find that said dece	utopsy , Inspection	d above and death	eon and from t	he evidence
from: noturol	causes . accident	, suicide , homicide ,	undetermined \(\pi\).	a above, and accept	in my opini	m reamed
SIGNATURE		(Degree or title)	ADDRESS		DA	TE SIGNED
(/	ames 6	Agran.	W 22-11/1	· Mandle	a mala	1-19-51
23 BUDIAL COCM	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATURY I	OCATION (City, tow	n or county)	(State)
23. BURIAL, CHEM. REMOVAL (Spec Bur 12)	ify) 7/00/E7		- / /			
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE E	OLSCODAL 1 24. FUNERAL DIRECTO	<u>Upper Marl</u>	AD AD	DRESS Md
REG/	A 4	0//2 7/1	Ritchie Br			314 64
Varia !	9119511 10 14	W/ C/VLVV	1 200 00000 202		The way	,

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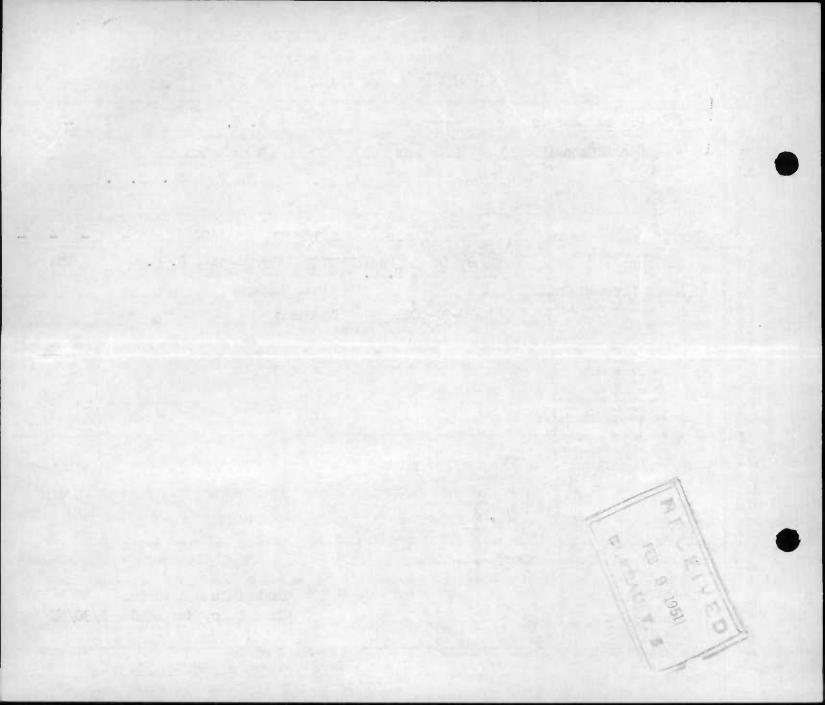


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(8118 243 leg. Dist. No.

1. PLACE OF DEAT			2. USUAL RESIDENCE (COUNTY
Prii	nce Georges	MARYLAND	D. (••
OR give nearest	orporate limits, write RUR town) in Dale (Rural)	AL and LENGTH OF STAY (in this place)	II OR	ate limits, write RURA nington	L and give nearest town)
HOSPITAL OR		20 44,0	STREET	(If rural, give lo	cation)
INSTITUTION O' STREET ADDRE		Sanatorium	ADDRESS	25th St., N	J. W.
3. NAME OF	(First)	(Middle)	(Last)		
(Type or Print)	MARGARET	E	SMITH	OF DEATH	1 30 1951
5. SEX Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	6/3/1923	0.00	If under I year If under 24 hrs. Months Days Hours Min.
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	2 (yrs.)	12. CITIZEN OF WHAT
done during most of v	variring life even If retired)	INDIGERY	,		COUNTRYSA
Waitress 13. FATHER'S NAM	IE.	Coney Island Rest Washington, D. C.	HI4. MOTHER'S MAIDEN	NAME	USA
		masining oon; b. o.		14.7.11.12	
LOUIS Fre	eman Smith	? 16. SOCIAL SECURITY NO.	Anna Daisey	A NEW TOTAL	
(Yes, no, or unknown)	(If yes, give war or dates	578-20-0021		ADDRESS	
No	service)		Decedent		
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
		Puly make I	whereulasis		7 Marata
Immediat	e cause (a)	Pulmonary T		***************************************	2 pasimo
	nt cause(s)				
giving rise to	conditions, if any, (b) the above cause inderlying cause last		****		
	(c)				
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deat				
		INDINGS OF OPERATION			1 20. AUTOPSY?
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	: (CITY OR 7	COWN) (C	OUNTY) (STATE)
SUICIDE HOMICIDE	OF INJU	office bldg., etc.) JRY			OUNII) (SIAIE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
			2 41 12	2	
. 0	ify that I attended the	- //			I last saw the deceased
alive on Ja	12. 30 , 19.5 , an	d that death occurred at		causes and on the	date stated above.
SIGNATURE	a 10	(Degree or title)	ADDRESS Glenn I	ale Sanatori	um DATE SIGNED
4/2:01	20 41:	- m (2)	Clann	No Transla	1 1/20/57
23. BURIAL, OREM	ATION I DATE THERE	OF INAME OF CEMETE	RY OR CREMATORY	ale, Marylan	1d 1/30/51 a, or county) (State)
REMOVAL (Spec	(ify) 1.31.51			Washing Ton	DC
DATE REO'D BY		SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS
REG. 130	1 June 1	vuss	CARVER, HEMOR	AL, TUNERAL, S	ERVKE 184619
		29	H STr. N.W.	WASHINGTO.	N D.C.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

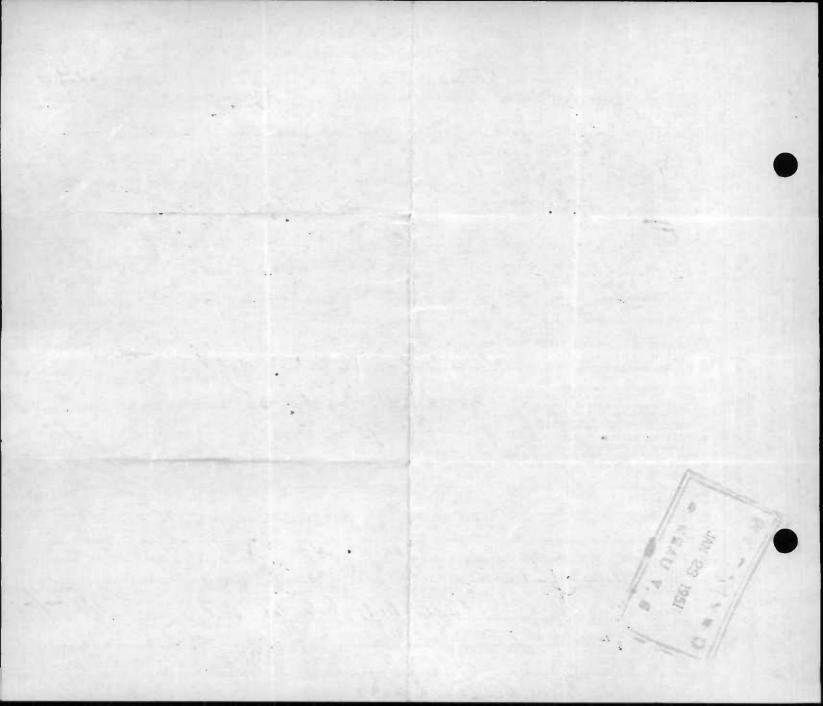
Reg. Dist. No. 234

1. PLACE OF DEATH-		2. USUAL RESIDENCE (H	OME) OF DECEASED COUNT	ry (D)
CITY (If outside corporate limits, write RURAL an OR give nearest town)	MARYLAND d LENGTH OF STAY (in this place)	CITY (If outside corporation	e limits, write RURAL and g	Mil Gioi
HOSPITAL OR INSTITUTION OR STREET ADDRESS	h	STREET ADDRESS	(If rural, give location)	
3. NAME OF DECEASED (First) (Type or Print)	(Middle)	(Last) Ts/	4. DATE (Month) OF DEATH SHOUAR	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. S. WI	TNGLE, MARRIED, DOWED, Specify)	8. DATE OF BIRTH	. AGE last birthday If unde	
done during most of working life, even if retired) IND	KIND OF BUSINESS OR	Behulon	K. 4	COUNTRY? WHAT
Thomps Charles		Sarah P	lymal	
15. WAS DECRASED FOR IN U.S. ARMED FORCES? (Yes, no. of unknown (If year, give was of dates of service)	Social Security No.	10 1	rifress with	
I. DISEASES OR CONDITIONS DIRECTLY LEAD	18. MEDICAL CER DING TO DEATH	Hemorela	42	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)	1/2 101	ralla	**************************************	65
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	inclusion sello	Walles	andren : gree est singing sampling contact residentsimages con ean e	132
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	11			
19a. DATE OF OPERATION 19b. MAJOR FINDS	INGS OF OPERATION			Yes No No
	Iome, farm, factory, street, ce bidg., etc.)	(CITY OR TO	OWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJU OF Whil INJURY m. Wo	URY OCCURRED ie at Not While ork At work	HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended the dec	eased from May	, 19 4 %, to	, 195/, that I last	saw the deceased
	6/			
alive on 1941/14, 1941, and the		ADDRESS	eauses and on the date s	tated above. DATE SIGNED
SIGNATURE SIGNATURE CREMATION ADATE	at death occurred at	Clinton,	auses and on the date s	DATE SIGNED
SIGNATURE BLEER PC	at death occurred at	ADDRESS .	CATION (City, town, or cour	DATE SIGNED

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



The correct age

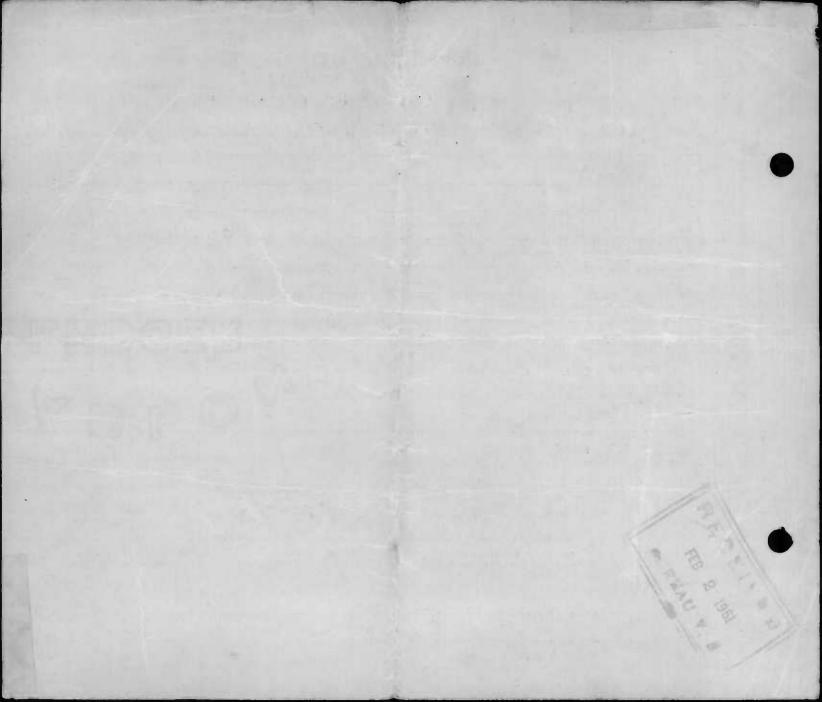
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CERTIFICATE OF DEATH

Reg. Dist. No.

TOR MEDICAL	Reg. Dis	t. No
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	yNty _
CUTY (IS CONTROL OF MARYLAND	I VI augrama. 71.	menses
CITY (If Autaide corporate Units, write RURAL and LENGTH OF STAY OR give mealest town) (in this place)	CITY (If outside copporate limits, write WIRAL a	nd give nearest town)
HOSPITAL OF	STREET (If rural, give locati	on)
INSTITUTION OR Deland Memorial Hosp	ADDRESS mallanelle	. Mid
NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month	2.0
6. SEX 6. COLOR OR RACE 7/SINGLE, MARRIED, WIDOWED DIVORCED,	6. DATE OF BIRTH 9. AGE last bighday 14.	under I year II under 24 hi onths Days Hours Min
(Specify) X and I	holas 21. 1900 (6 -100 91	100
On. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	BIRTH LACE (State of foreign country)	COUNTRY!
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	01:
Demelhalale Solo	Olivia begnelle	1 huma
15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	UTANFORMANT, AND ADDRESS	- 111
lservice)		in a
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RIFICATION	INTERVAL BETWEE
I DISEASES ON CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
1040 Immediate cause (a)	as	- c 0-00 = c 2 c 2 2 2 2 4 0-00 MM M
Antecedent cause(s)		
Diseases or conditions, if any, (b)	m	
giving rise to the above cause atating the underlying cause last		
(c)		
H. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(GOU	NTY) (STATE)
CAUSE OF DEATH. INJURY	Imausville - 11. 96	1= 111 q.
OF (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	udin
INJURY 1-29->1 A m. work at work	bed clothing!	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy X, Inspection X. Inquiry X thereon	and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the dry stated above, and death in	my opinion resulted
from: natural couses , accident , suicide , homicide , SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
	0/ 1	Dill Signatur
18hm.). Maloney, miss ep. Med. Exa	m - Cheverly Md	- 29-51
REMOVAL Specify) DATE THEREOF NAME OF CEMPTE	RY OR CHEMIATORY LOCATION (City, town, or	county) (State)
Jurial Jan - College		72
DATE REC'D BY LOCAL REGISTRAR'S SCHATURE	7 Gasela some Hys	The ADDRESS
212 31 1951 Duy Block	+ 1/6 DOLD DOVE TODA	AKON VO. OUNG



VS. A15

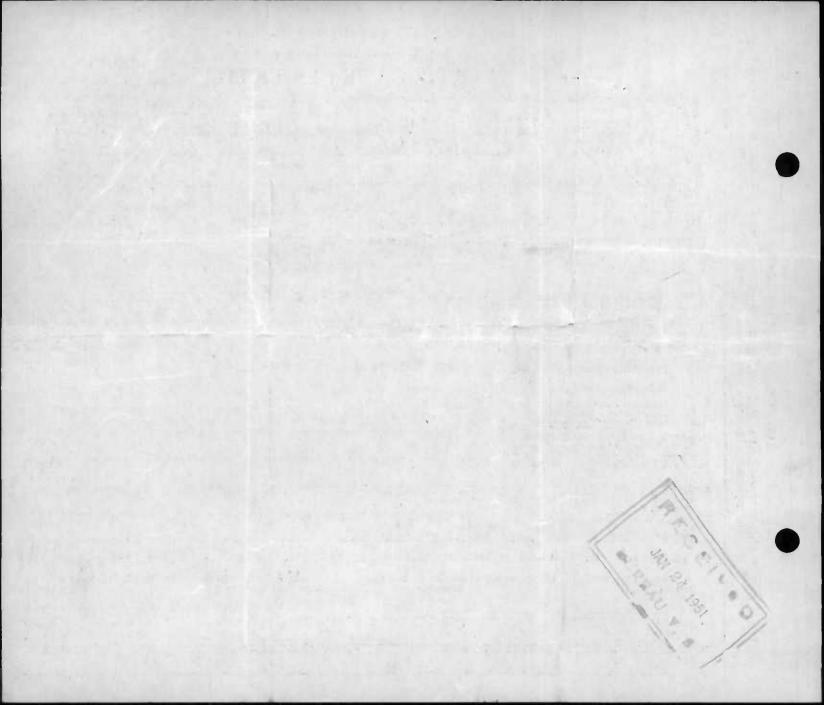
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23/

1. PLACE OF BEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY COME CENTRAL MARYLAND	STATE Many land COUNTY Pr. Gerger
CITY (If outside vorporate limits write HURAL and LENGTH OF STAY OR give nearest town) (in this blace)	CITY (If outside corporate limits, write RURAL and give nearest kown) OR TOWN OR, TW A 219 - TW Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS Punce Jeans Jen. Hase	STREET (If ruran give location) ADDRESS 314 - 49 : Manue
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Cast) 1. DATE (Month) (Day) (Year) OF DEATH OF 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last lift day If under 1 year If under 24 hrs. 1.8 70 7 7 7 9 Months. Days Hours Min.
10a. USUAL OCCUPATION IGIVE kinds of work 10b. KIND OF BUSINESS OR INDUSTRY LEGISLATION OF WORKING HIS COUNTY OF THE WORK OF	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT SUNTAY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	17. DEFORMANT AND ADDRESS Expital The And
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
44	la Renal Drawn 10 years
Antecedent cause(s)	
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	
OF While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?
OF While at _ Not While _	HOW DID INJURY OCCUR?
while at Work Not While At work 22. I hereby certify that I attended the deceased from	, 195, to
22. I hereby certify that I attended the deceased from signature (Degree or title)	195, to
22. I hereby certify that I attended the deceased from alive on SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE REMOVAL (Specify) 24. I have been been been been been been been be	ADDRESS ADDRES
22. I hereby certify that I attended the deceased from live on SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE REMOVAL (Specify) 24. While at Work Not While at Work Not While at Work 1. Not Wo	, 195, to



VS. A15

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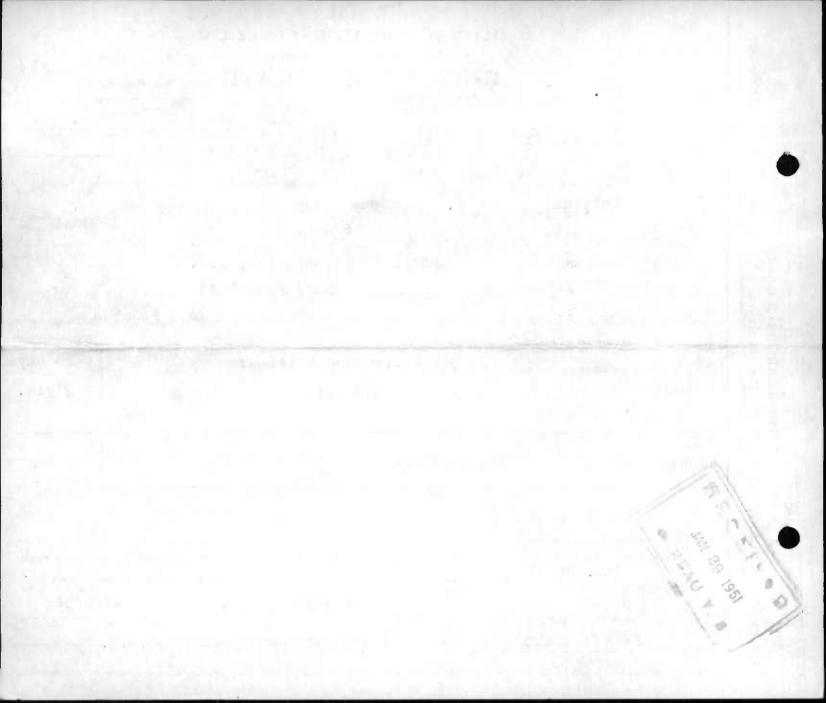
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

I. PLACE OF DEATH- COUNTY Prince Georges	CO. MARYLAND	2. USUAL RESIDENCE (I	nome) of deceased count	YPr.Geo.
CITY (If outside corporate limits, write RURA OR give nearest town) Hyattsvi	L and LENGTH OF STAY		ate limits, write RURAL and g	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred I	Heart Home	STREET ADDRESS Sacre	d Heart Home	
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Matlida	B. SS	palding	OF DEATH January	26, 19 5.
Female 6. Color or RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	6 Jan. 1857	yrs.	or 1 year (If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY NUTSING	We shi not on		2. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	5	14. Morners Marben	NAME	
George Spaulding		Mary Rose	Mudd	
(Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT		
NO service)	- ALMAN		rt Home Recor	dsab
	18. MEDICAL CEI	RTIFICATION		INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY I	EADING TO DEATH			ONSET AND DEATH
450.0 Immediate cause (a)	Congestive	Heart failur	e	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Arterioscl	erotic		2 yrs.
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death	a und in a			
19a. DATE OF OPERATION 19b. MAJOR F				20. AUTOPSY?
				Yes No
21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJUI	E (Home, farm, factory, street, office bldg., etc.) RY	(CITY OR	TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the alive on 259 51, and SIGNATURE 23. BURIAL, CREMATION DATE THEREOREMOVAL SPECIAL 29 Jan. 1920 DATE REC'D BY LOCAL REGISTRAR'S SEEG.	that death occurred at (Degree or title) 322 F NAME OF CEMETE:	ADDRESS PH Street, No.	causes and on the date s	tated above. DATE SIGNED 26/51 aty) (State)
()			781	1896



The correct age

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(1813)

CERTIFICATE OF DEATH

g. Dist. No. 243

COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	-
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Dale (Rural) 6 (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Washington	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	STREET (If rural, give location) ADDRESS 3146 Dunbarton Ave., N	. W. /
	WIEENEY DEATH	(Day) (Year) 2 1957
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated	0/11/1911 39 ym. 1 - 1	year If under 24 hrs. Days Hours Min.
done during most of working life, even if retired) Waltress 10b. Kind of Business or Industry Lindustry L	No. Charlestown, N. H.	CITIZEN OF WHAT
13. FATHER'S NAME		
Lloyd Hamlin 15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	I da Hutchins 17. INFORMANT AND ADDRESS	
(Yes, no or unknown) (If yes, give war or dates of service)	Decedent	
18. MEDICAL CE		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate course (c) Pulmono	a Terperameni	6 months.
Immediate cause (a)		W. M.
Antecedent cause(s)		
Diseases or conditions, if any, (b)	10 000 1 x 20 00 00 00 00 00 00 00 00 00 00 00 00	************************************
3 X stating the underlying cause last		
(e) 11. OTHER SIGNIFICANT CONDITIONS		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19m. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Conditions contributing to the death but not related to the disease or condition causing death.		. /
Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	20. AUTOPSY? Yes No (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Yes No 🗆
Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY		Yes No 🗆
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT	HOW DID INJURY OCCUR?	Yes No C
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from 12 / 2	HOW DID INJURY OCCUR? //, 1950, to // 2/., 1951, that I last say	Yes No Control No Cont
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY INJURY INJURY INJURY INJURY OCCURRED OF INJURY OCCURRED OF OF OF OF OF OF OF O	How DID INJURY OCCUR? 1, 1950, to 1, 2, 1951, that I last say 3:30 G. m., from the causes and on the date stat	Yes No Control No Cont
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from 10 miles 10 mile	How DID INJURY OCCUR? 1, 1950, to 1,2, 1951, that I last say 3.30 c. m., from the causes and on the date state ADDRESS Glenn Dale Sanatorium	Yes No Control No Cont
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bidg., etc.) HOMICIDE INJURY INJURY OCCURRED While at Not While INJURY Not While work At work 22. I hereby certify that I attended the deceased from At work 23. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY INJURY OCCURRED While at Not While work At work 24. I hereby certify that I attended the deceased from At work 25. Accept the property of the proper	How DID INJURY OCCUR? 1, 19.50, to	Yes No Control (STATE) w the deceased ted above. DATE SIGNED 1/1/51
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bidg., etc.) HOMICIDE INJURY INJURY OCCURRED While at Not While INJURY Not While work At work 22. I hereby certify that I attended the deceased from At work 23. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY INJURY OCCURRED While at Not While work At work 24. I hereby certify that I attended the deceased from At work 25. Accept the property of the proper	How DID INJURY OCCUR? 1, 1950, to 1,2, 1951, that I last say 3.30 c. m., from the causes and on the date state ADDRESS Glenn Dale Sanatorium	Yes No Control (STATE) w the deceased ted above. DATE SIGNED 1/1/51
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from At work 23. BURIAL EXEMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	How DID INJURY OCCUR? 1, 1950, to	w the deceased ted above. DATE SIGNED 1/1/51) (State)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF Office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from At work 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE RECOURTED NAME OF CEMETE REGISTRATE'S SIGNATURE REGISTRATE'S SIGNATURE	How DID INJURY OCCUR? 1, 19.50, to	Yes No Control (STATE) w the deceased ted above. DATE SIGNED 1/1/51
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT	How DID INJURY OCCUR? 1, 1950, to	w the deceased ted above. DATE SIGNED 1/1/51) (State)



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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

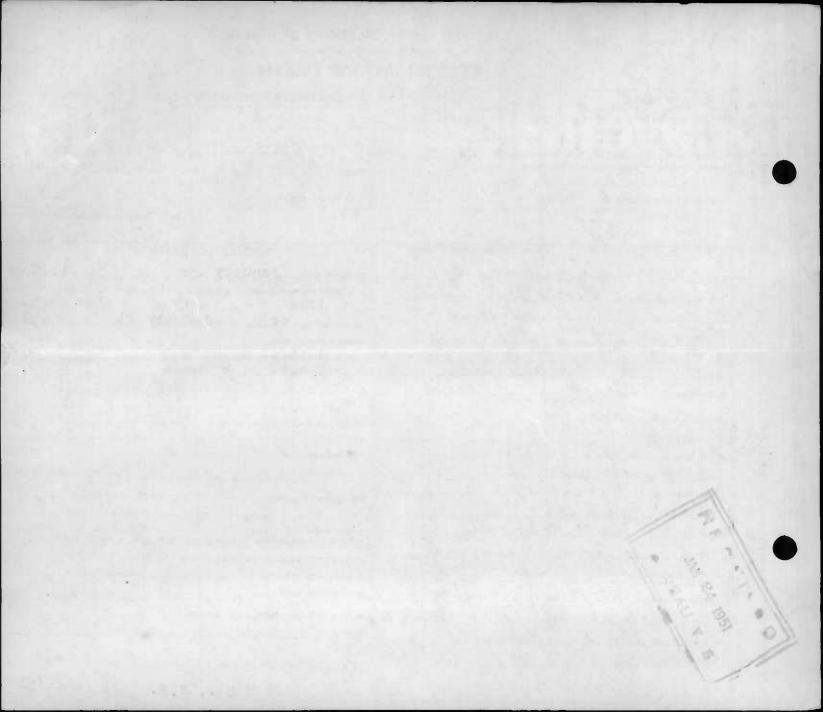
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1. PLACE OF . DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Mine Florge 34 A		
City or town. Tyallaudd Ma. Mf outside city or town limits, write RURAL and give nearest town)	State County & C	***************************************
How long in above place of death? 5 Months	(If outside city of town limits, write RURA) and give nearest to	(P) (A-
Hospital, Institution, or street address where death occurred:	Street Ho 1346 Meridian Ol. M. W.	rash.UC
Sacred Heart Hogre	(If rural, give LOCATION)	/
How long in hospital or institution? 5 Moulins	2.(a) If veteran, name war	
3. (a) FULL NAME R ++ ~/ 1 11 ++	3. (b) Social Security Numb	er
Welly & Salburll	none	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Temale White Widowed	20. DATE DE DEATH JENUARY 22 19 51 at 1	:20 p
6.(b) Name of husband Seorge W. Salburtt	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19.49, to Jan. 2	2, 51
7. Birth date of deceased (mp. day yr) Febr. 14 1856	and that f last saw h. C.T. alive on January 21	19.51
accessed (most self to)	Immediais cause of death.	DURATION
o. Auc.	Gastric hemorrhage	days
94 11 , 23hrsmin.	Cancer of stomach	L mo.
9. Birlhplace (Town, Jounty, and state)	Due to	
10. Usual occupation. Housinife	Due to	
11. Industry or business		
12. Name Orville West	Other conditions	
12. Name Orvelle West 13. Birthplace Hesiturky	151x	
14 Maiden name Mary Roy	46 (Include pregnancy within 3 months of death)	
14. Maiden name Mary Work 15. Birthplace / entlyky	Major findings of operations.	
- 40 / 30/ 7/ // 77	Date of op	
16. Informant Mrs Mabel Salburll	Antopsy results	ically.
Address quebec House Hashinglase D. C.		
17 Burial Date thereof 1-25-5/	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burlal, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Mt. Olivel Cemelery	Where did injury occur?	te)
Jacobia Bladensburg Rd. n. W. Wash. J.	Injured al home, farm, Industry, public place (where?)	
The St. Hines Co.	Means of Injury Injured at work?	
18. Funeral director. MAL DO CA TA DI 1/4 L PP	I FAM.	
Address 2901 - 14 & St. n.W. Wash. J.C.	23. SIGNATUR Thomas V Callins	
10 Jane 2 die 5/ mrs. Jas Severe	M. D. or oth	22/51
(Dafe rec'd by registrar) Regigirar	Address 322 H St., N.E. Date signed	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. d 42

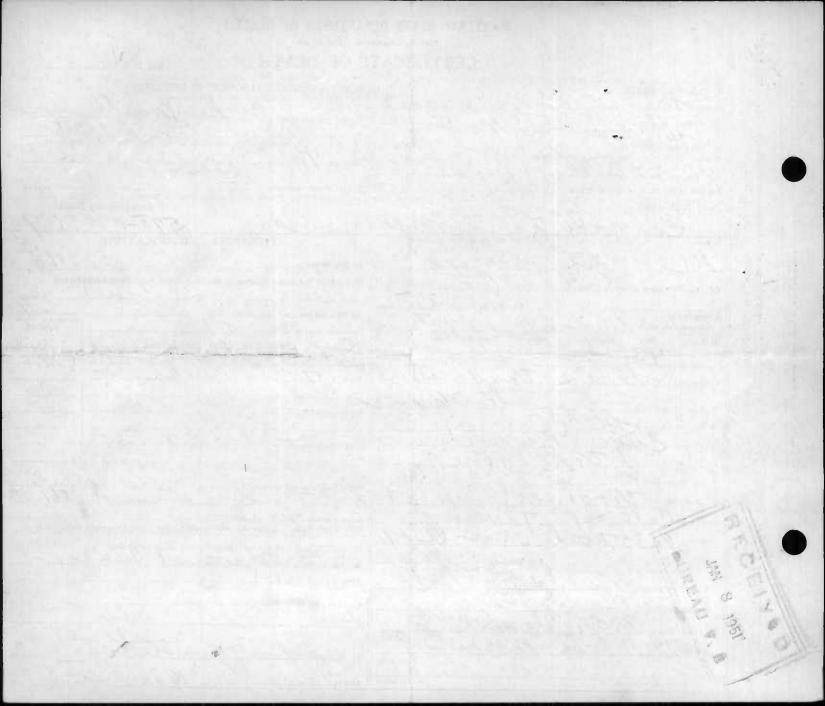
1. ELLEGIST DEATH: Overti		
State. M. A. C. Sacration or series designed and the state of the stat	Parado Honduen -	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
The black place of death? Committee C		State Ty aryland county I was parger
Size No. Date of Poets and State of Sta	City or town. Course city or town its RURAL part representation	City or town Wasslungton 1/9 to
The state of the s	How long in above place of death?	(If outside city or town lights, prite RURAL and give neerest town)
800 long in haspital or institution that is a construction of the	Hospital, Institution, or street address where death occurred:	
3. (b) Social Security Number 4. Set S. Doler or rece B. Ordingle. married, widewed, or diviness MEDICAL CERTIFICATION 5. (c) Name of bushand or wife Social Security Number States Social Security Securi	(65) Walter 108	
5. Sex 5. Boler or race 6.075 lingle, married, widowed, or discreted MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 21. DERITHY that distant occurred on the date above strated: thay I altreaded deceased from and that I last saw harding allive on formal deceased from the date above strated: thay I altreaded deceased from and that I last saw harding allive on formal deceased from the date above strated: thay I altreaded deceased from and that I last saw harding allive on formal deceased from the date above strated: thay I altreaded deceased from and that I last saw harding allive on formal deceased from the date above strated: thay I altreaded deceased from and that I last saw harding allive on formal deceased from the date above strated: thay I altreaded deceased from and that I last saw harding allive on formal deceased from the date above strated: thay I altreaded deceased from and that I last saw harding allive on formal deceased from the date above strated: the case to which death should be charged stratistically. 21. Date of the date of t		
20. DATE OF BEATH. 21. I CERTIFY that death accourted on the date above stated: that I attended deceased from 22. Birth date of deceased from date of deceased from dece	3.(d) FULL NAME	5.(0) Social Security Humber
20. DATE OF BEATH. 21. I CERTIFY that death accourted on the date above stated: that I attended deceased from 22. Birth date of deceased from date of deceased from dece	A Say 1 5 Color or years 1 8 (GTS)ingle, married, widowed, or divorced	MEDICAL CEPTIFICATION
8.(c) Name of husband or wife		MEDICAL CERTIFICATION
8. (c) If all give age and the list saw health, alive on 15. Indicated and the	m water married.	
T. Birth date of deceased (mon, day, rr.) 8. AGE: Years Months Dys If less than one ply 10. Usual occupations of the control	8. (b) Name of husband or wife Callerine cleg Lacounces	
10. Usual occupation 11. Industry or busines 12. Name 13. Dirthplace 14. Maiden name 15. Birthplace 16. Which all off 17. White and off 18. Informant Colored programs of the programs		VIO 10 / C
S. AGE: Years Months bys If less than one for hers	7. Birth date of	
9. 8 iritiplace		Immediate cause of death
9. 8 Irthplace	43 - min.	Sol Segueral with 6412
10. Usual occupations 11. Industry or business 12. Mame. 13. Dirithplace 14. Maidon name. 15. Birthplace 16. Informant Call Cally Call Call Call Call Call Cal	Harris Thrance	Free Va elle en
Due to	9. Birthplace	15-2X
12. Name	10. Usual occupation and the second	Due to
14. Maldon name 15. Birthplace 16. Informant 17. Commetery or generation, or restrict which? 18. Locallop 19.	11. Industry or business Thell Oct Co.	460
14. Maldon name 15. Birthplace 16. Informant 17. Commetery or generation, or restrict which? 18. Locallop 19.	12. Name Eugous Tyurray Tavennek	Other conditions — World of Walls
14. Maldon name 15. Birthplace 16. Informant Address 17. Autopsy results (Burial, cremation, or range) Which?) 18. Euneral director Address 19. Location 19. Loca	13. Dirthplace / Virginson	(Leabide pregnancy within 3 months of death)
Autopsy results. Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, eulcide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Injured at work? 19. Addres 19. State (Injury occur) 23. SIGNATURE: M. D. Towns of Injury	14. Maiden name services ward word seems	B. C. C. Charles and and warm
Autopsy results. Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, eulcide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Injured at work? 19. Addres 19. State (Injury occur) 23. SIGNATURE: M. D. Towns of Injury	15 Ritholace Mira (Clarke Ca)	Hola New to aver etc. Date of an Out 16/950
Address 76 3.5 Waller Aug. — BC 9 PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, euicide, or homicide. Accident, euicide, or hom	Color SA Tallemies	Antoney results While -
22. VIOLENCE: If death was due to external causes, Till in the toplowing: Accident, euicide, or homicide.	treservice O Vair favor Dr 10	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or record Which?) Cometery or gemator Location Location Means of Injury Means of Injury Mans of Inju	Address / 0.55 Muccanormas oct 4	22. VIOLENCE: If death was due to external causes, fill in the following:
Location State Control of Mark Control of Injured at home, farm, Industry, public place (where?) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIBKATURE M. D. g. other M.	(Burlal, cremation, or roward, Which?) ate thereof (morto) day) (year)	
Location State Control of Mark Control of Injured at home, farm, Industry, public place (where?) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIBKATURE M. D. g. other M.	Cemetery of command of Markenselles Matty.	Where did injury occur?
18. Funeral director. Addre 5/7-/-875- WASN. D. C. 19. Sans 5 19.5 Carrie Franklell The Construction of Injury Injured at work?	Suite and Tomb	
19 Lans 5 19.51 Carrie & Campbell 23. SIGNATURE TO CO Clarifold M. D. Grown 4 -	MM Charles Co.	Means of Injury Injured at work?
19 Sans 5" 19.5" Carrie Flambell 23. SIGKATURE 10 FC 2010 Stern y	18. Funeral director	
19 cm 5 1951 arrie Frankell 716 1 water 10 60 min dent	Address / / / PPPDL PVASA. D. C.	23. SIGNATURE CO C C Car Valla
(Date rec'd by registrar) Registrar Address Address	19 June 5" 1951 Carrie Flamblell	- 1 1 - F 10 to Went
	(Date rec'd by registrar) Registrar	11 Address Washington 16216 8

MARGIN RESERVED FOR BINDING

VS A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the capses of death clearly and legibly.



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A15

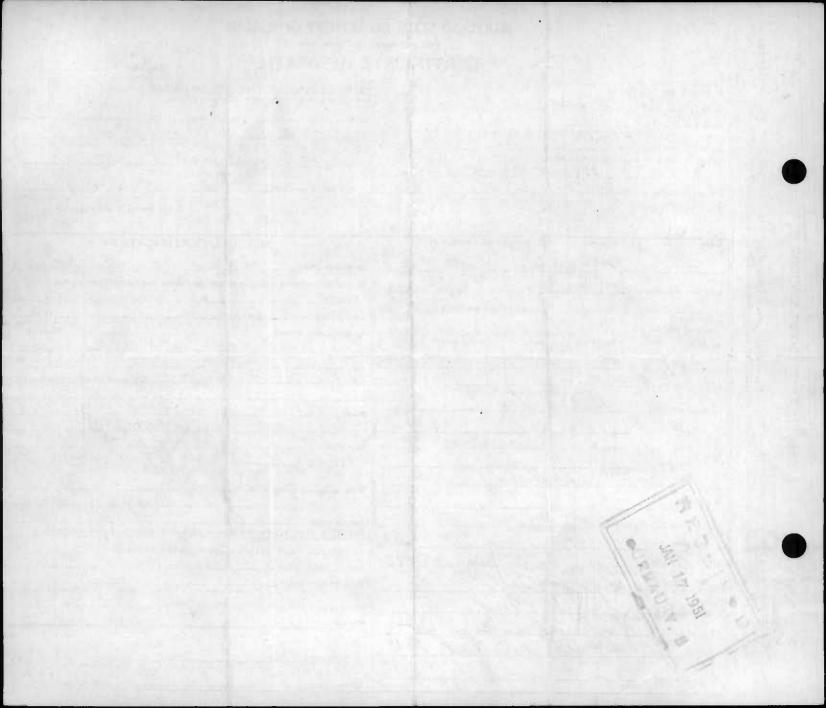
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Prince George	(For newborn infants give residence of mother)
City of town Forestville Haryland.	State Mary land County Sauce Georges
City or town (1f outside city or town fimits, write RURAL and give nearest town)	City or town last langton 19 DC
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death accurred:	Street No. 7911 Marlboro Rd.58
79/1 Marlors Road SE.	(If rural, give LOCATION)
How long in hospital or institution? at Long	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Learge Tay	man noul.
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
- 17 - 1 V	DM =1 2301
few While Widowed	20. DATE OF DEATH JOY 195 AM
Coursel O Tansan	21. I CERTIFY that death occurred on the dale above slated; that Latlended daceased from
6.(b) Name of husband or wife Sanuel O, Jayman	Oct 30- 1950 10 Jan 12 195/
Deceased 6.(c) It alive, give age years	
7. Birth date of 9m / 18/3	and that I last saw h. 22 alive on
deceased (mo., day, yr.) May / 1863	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Cerebral Hemarrhage 6 days
8 7hrsmin.	
The 1 1	a a al asterio Sale and Market
3. Sirthplace (Town, county, and state)	Due to Comments
10. Usual occupation.	Left eye removed as
1t, Industry or business	Providence / Hospital nov 10 1950
MI 8 OK Con a lad	Y
12. Name Decrees Additional Control of the Control	Other conditions
13. Birthplace	23/X (Include pregnancy within 3 months of death)
14. Maiden name College about Lyon	
	Major findings of operations.
⊠ 15. Birthplace	Osalo of op. Dale of op.
13 /	Autopsy results.
18. Informant Carting Williams and Andrew Control of the State of the	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 3807 - Varksyood Callage Cay Me	
" (Regist 2 month (m) /15, \$951	22. VIOLENCE: If death was due to external causes, IIII in the tollowing:
(Burial, cremation, or removed, Which)	Accident, suicide, or homicide Malural Cobatos Se
Cemetery or crematory	Where did injury occur?
Cametery or Crematory	
Location Location Location	Injured at home, tarm, lodustry, public place (where?)
(13/ Min Land San Com	Maens of Injury Injured at work?
18. Funeral director	
Address 3 90 - 4 W. M. E. Hash 11) (A 007/2 7/0/1/1
Oll SI HOM.	23. SIGNATURE TO SE M. D. OF SE M. D. OF STATE OF SE M. D. OF STATE OF SECOND S
19. Jan 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Address To Carlo and 19 AT Date signed king fall



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MARYLAND STATE DEPARTMENT OF HEALTH

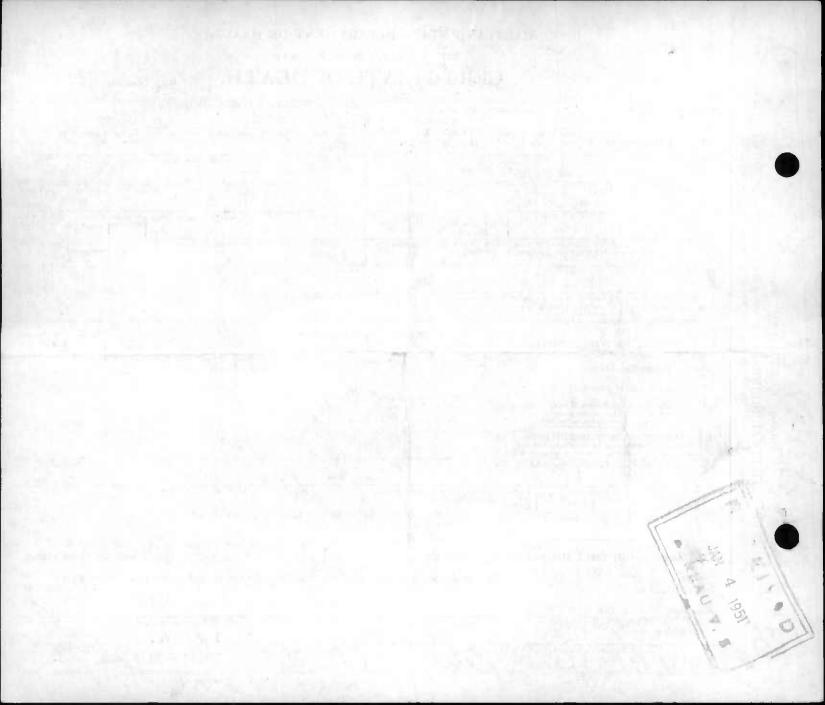
2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

0817

Reg. Dist. No. 745

1. PLACE OF DEATH- COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Virginia Page County
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) to this piece) TOWN Jetts ville Md Jetts VERS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luray Va.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jone's Rest Home	STREET (If rural give location)
3. NAME OF (First) (Middle) OECEASED (Type or Print) OECEASED (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH / 2 195
female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWET	8. DATE OF BIRTH 8/23/1863 9. AGE last birthday If under 1 year II under 24 hr Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Industry Own home	11. BIRTHPLACE (State or foreign country) Luray Virginia 12. Citizen of What Gountry?
13. FATHER'S NAME Mann Spitler	Mary Strickler
15. Was Deceased Ever In U.S. Armed Forces? If. Social Security No. (Yes, no, or unknown) (If year, give war of dates of service)	Lester Tharpe Hyattsville Maryland.
giving rise to the above cause	RTIFICATION INTERVAL BETWEEN ONSET AND DEATE
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not rejeted to the disease or condition ceusing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7 Yes No
21. ACCIDENT (Specify) PLACE (Home, ferm, fectory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Dec	, 1957, to Jan, 1957, that I last saw the deceased
alive on 30, 195, and that death occurred at (Degree or title)	ADDRESS and on the date stated above.
Bernard a. Thygerald mo	802 malcolm & AS. nd 1/2/57
23. BURIAL, CREMATION DATE NAME OF CEMETE REMOVAL Specify) 1/4/1951 Luray Cemet	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AREG. 3 195/ Janus Slevey	F. Gasch's Sons Hyattsville Maryland.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

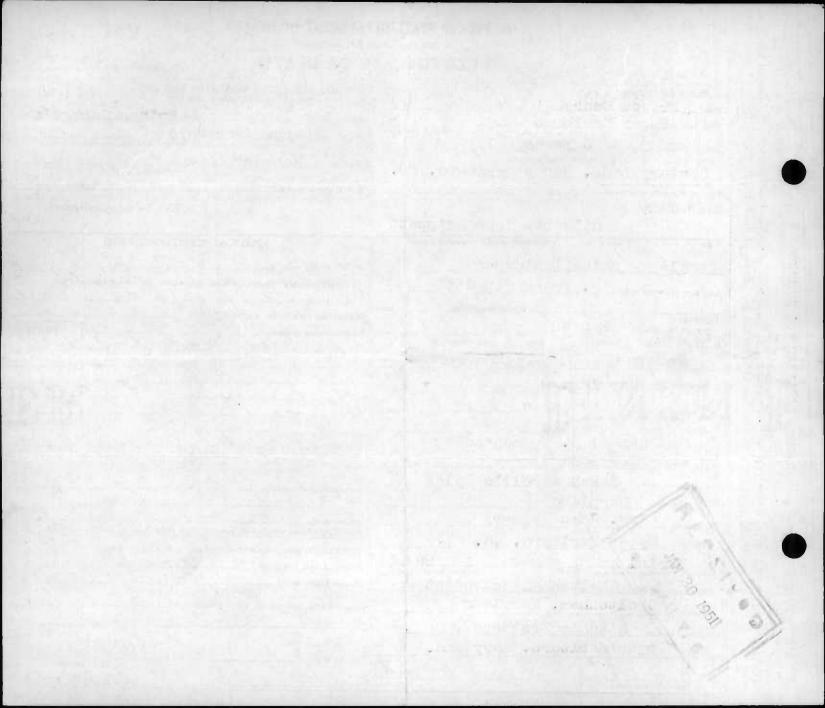
1818

M. D.

CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County Prince Georges! City or town Upper Marlboro Uffoutside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 years Hospilal, institution, or street address where death occurred: Rectory Lane, Upper Marlboro, Md.	City or town. Upper Maria (if outside city or town li	OF DECEASED: of mother) County Prince George's boro mits, write RURAL and give nearest town) ine give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number

3. (a) FULL NAM!	E			
	Gilb	erta	Irene Tippett	
4. Sex	5. Color er race	6.(a)Sing	le, married, widowed, or divorced	
Female	White	Wid	owed	2D, DATE OF I
6.(b) Name of husband 7. Birth date of		6.	Tippett (c) It alive, give age years	21. I CERTIFY
deceased (mo., day,)	m) 2/5/7			Immediate ca
8. AGE: Years	Months	Days	It less than one day	Cer
74			hrsmin.	7
			state)	Due to G
11. Industry or busines				B3/x
12. Name	amuel G.	Town	shend	Other condition
13. Birthplace	Maryland			040
14. Maiden name.	Sarah Marvlan	Angel d	lia Pyles	Major finding
18. Interment	rs. John	Garr	ier	Autopsy resu
Address Up	per Marl	boro,	Md.	PHYSICIAN
17 Buris (Burial, cremation	or removat. Which? Chelte	Date the	reol 28 51 (month) (day) (year) Methodist	22. VIOLEN Accident, sul
Location Ch	eltenham	, Mar	yland	Injured at hor
18. Funeral director				Meens of Inju
Address Upp	er Marlb	oro,	Maryland.	23. SIGNATU
19. Nate rec'd by re	2 7 1957/	C.	Variable Truck	Addres

.(a) It veteran, name war	
	3. (b) Social Security Number
MEDIC	CAL CERTIFICATION
	2
D, DATE OF DEATH	255 157 119p
1. I CERTIFY Chat death occurred on t	the date above stated; that I ettended deceased from
	2 195/, to Jen 25 195
nd that I last saw halive on	Jan 25 13
Cerebral.	Hemarles 140
un to a suesal	arleria
Selevas	
ue to	
- 1	
830 Page	a desane when
~ / / ~ / /	
(Include pregnancy	y within 3 months of death)
Najor findings of operations	Coul
	Oate of op.
atopey results	9
HYSICIAN: Please underline the	cause to which death should be charged statistically.
2. VIOLENCE: If death was due to	external causes, fill in the following:
coldent, suicide, or hemicide2.1	external causes, fill in the following:
Where did injury eccur?(City	
njured at home, farm, industry, publi	
Meens of Injury	Injured at work?



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

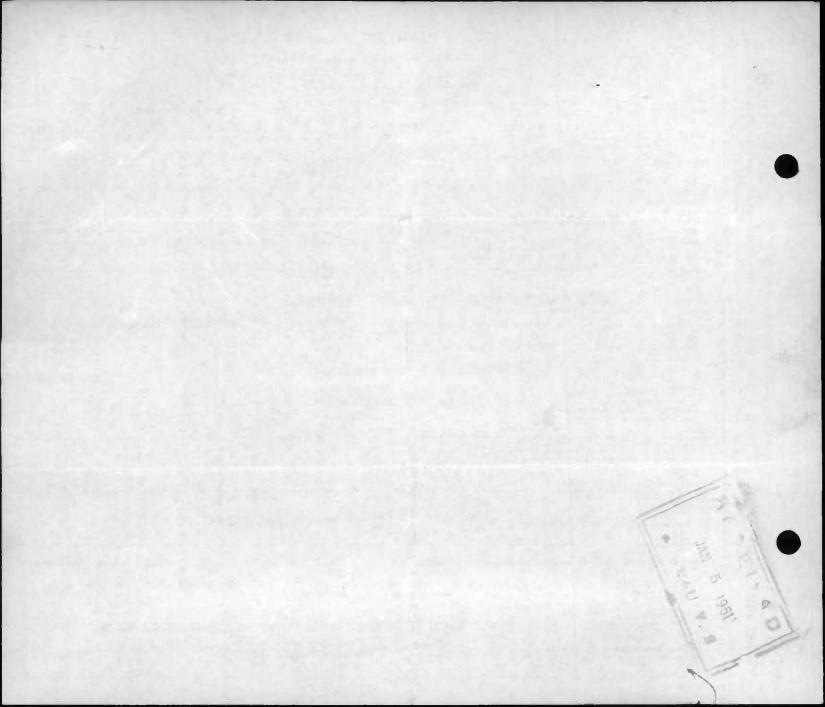
	1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	=
	COUNTY PRINCE GEORGE MARYLAND	STATE MARULAND. PRINCE GEORGES	
	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (II outside proporate limits, write RURAL and give nearest town)	_
write the causes of death clearly and legibly.	OR give nearest town (in this place)	OR —	
E		TOWN E. KIVERdale.	
le	HOSPITAL OR INSTITUTION OR	ADDRESS (If rural, give location)	
덩	STREET ADDRESS TRINCE GEORGE GON. HOSPI	3421-55 PI.	
ल	3. NAME OF (First) MIddle (Middle) FIRST	(Last) 4. DATE (Month) (Day) (Year)	=
2	DECEASED	OF /SA	
62		5. DATE OF BIRTH 9. AGE last hirthday If under I year If under 24 hi	
5	WIDOWED, DIVORCED.	Months Date Marin Marin	na.
	[(Specify) 1/1000 1/1	0 Sept 1885 65 yrs. Montal Days Hours Mil	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BINTHPLACE (State or foreign country) 12. CITIZEN OF WHA COUNTRY?	T
R	done during most of working life, even [(retired) INDUSTRY CIRC House Wife Domes Tic.	MARUJONA.	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	_
	JAL 2 R. LALLE	EMMA J DONLO	
	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	17. INFORMANT AND ADDRESS	4_
1	(Yes, no, or unknown) (If yes, give war or dates of	11	-
ı	service)	Horace W. Ireband St. Leverdel	_
1	18. MEDICAL CERT	TIFICATION TO THE TIPE OF THE	
1	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT	N
1	M 11 (- 1		
	Immediate cause (a)	emboli biloteral	
	Tao o immediate cause		
ш	Antecedent cause(s)	ale the the	
П	Ho Diseases or conditions, if any, giving rise to the above cause	oscleration heart disense with	
н	stating the underlying cause last		
1	(c) Casstors Heart 1	TA: Ure	
П	11. OTHER SIGNIFICANT CONDITIONS		100
ı	Conditions contributing to the death but not	R/11 = ++ = + 1	
Т	related to the disease or condition causing death. Arc, non A / SAIL	Dladder C metastages to liver	_
ı	19a. DATE OF OPERATION 119b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
П		Yes D No [3
Ł	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	_
1	SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	-
I	OF While at Not While		
Н	INJURY m, Work At work		_
1	22. I hereby certify that I attended the deceased from how.	1050 4 Vac 1 1051 About I had some it 2	
	22. I nereby certify that I attended the deceased from	, 19, to, 19, that I last saw the deceased	
	alive on flow 1. 10 51 and that death accounted at 11		
	alive on	ADDRESS DATE SIGNED	
	SIGNATURE (STATE OF STATE OF S	DATE SIGNED	
	(elbert (all.)) Kerning	daly 1/2-0/	
	23. BURIAL CREMATION I DATE THEREOF I NAME OF CEMETERY	OR CREMATORY LOCATION (City, town, or county) (State)	_
	DEMOVAL (Specify)	(State)	
-	Burist 1-7-31 Treatly ape		-
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
	Min 3.1981 (K) 7448/ 614.75	Nilche Brac. Tepper Marlhars	
	The state of the s		=

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VS. A15



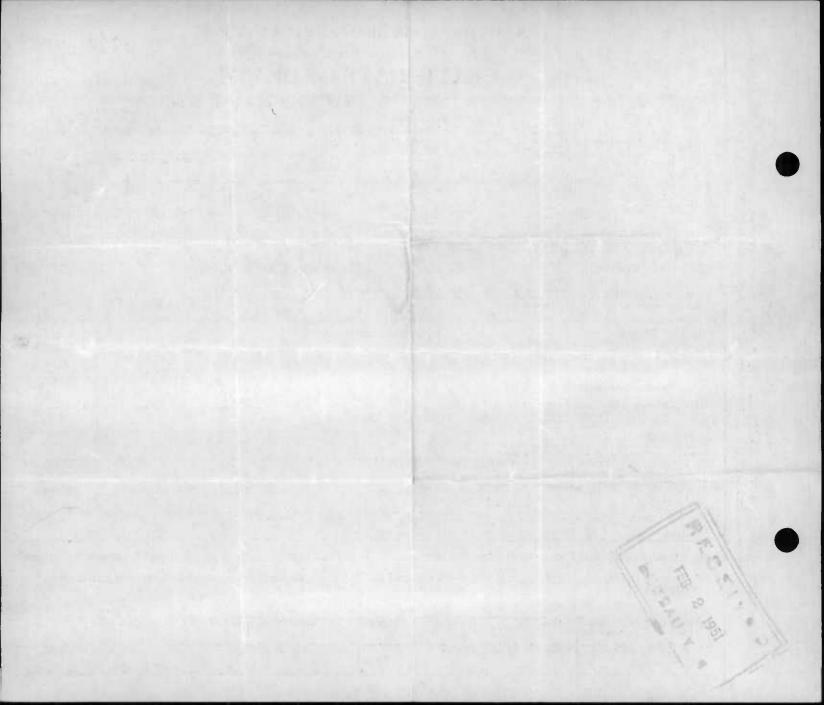
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1821 25/ Reg. Dist. No. 24/

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	P - 6
Truck Maryland	maryand 7	unce Jans
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN	CITY (If outside corporate mits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle) (Type or Print) William Amprose	TREAKLE 4. DATE (Month) DEATH DEATH	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthlay II under Months.	l year II under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
arnolf Treakle	14. MOTHER'S MAIDEN NAME	•
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS and Breakle Brand	gwene ku)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
756 2 Immediate cause (a) Oxema y	malnitrilin	Zg/2h
Antecedent cause(s) Diseases or conditions, if any, (b) Butterful	Obstruction	I lay
giving rise to the above cause stating the underlying cause last (c)	thream Ingrand Colon	Tyles
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
19 4 x 51 Sec 187C		Yes O No F
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2.2. Alex	c, 1950, to 26 Jan, 1950, that I last se	w the deceased
alive on 26 Alex., 195/., and that death occurred at A. SIGNATURE (Degree or title)	ADDRESS m., from the causes and on the date sta	ited above.
Robert Blance mil		26 Jan 51
REMOVAL (Specify) /27/5/ St John	RY OR CREMATORY LOCATION (City, town, or country)	ul
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS al All
2-1. V27028 - Borranda Nowney		1



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MARYLAND STATE DEPARTMENT OF HEALTH

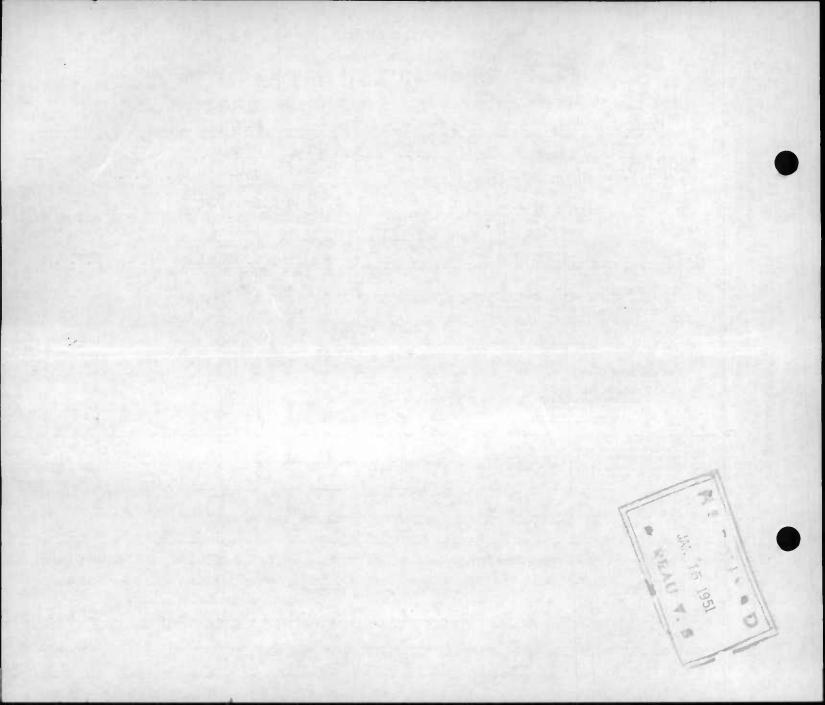
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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

g. Dist. No. 243

1. PLACE OF DEATH COUNTY Prince	4.	MADYMAND	2. USUAL RESIDENCE (STATE D.C		D. COUNTY
CITY (It awaids a	Georges orporate limits, write RUR	MARYLAND AL and LENGTH OF STAY			
OR give nearest		6 mo. 17 da.		hington	L and give nearest town)
HOSPITAL OR			STREET	(If rural, give loc	eatlon)
INSTITUTION OF STREET ADDRESS	ss Glenn Dale S	Sanatorium	ADDRESS 741	- 2'd St., N.	.W. /
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mor	nth) (Day) (Year)
(Type or Print)	KAYMOND		WADE	OF DEATH JA	NY. 5= 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year If under 24 hrs. Months Days Hours Min.
MALE	NERRO	(Specify) married	1/16/16	3/1 yrs. l	Months Days Hours Min.
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
Laborer Cor	struction		Halifax, N.	Carolina	Gondary,
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	
Sam Wade			Rachel Jo	nes	
	VER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS	
	service)	lost	Decedent		
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		00	my Tulence	12.0	27 // /
Immediate	e cause (a)	Pulmano	2mg 1 while	~694S	myrethe 11 day
Antonodou	nt cause(s)		()		
	conditions, if any, (b)				
giving rise to	the above cause nderlying cause last		93 ng - 1 0000 3 8 00 00 00 0000 0000 0000 0000	7-1 0-1-0 0-1-0 0 x 20 0 0 x 4 x 4 0 0 0 0 0 0 0 0 0 0 0 0 0	20 dann n a a n h D-0 abra a a # 0 dr 9 m 20 m a h-0 drauman a guinninn aguinn h-0 draig d-2 m a-0 2
stating the u					
IL OTHER SIGNIFI	CANT CONDITIONS				
Conditions contribu	ting to the death but not				
		INDINGS OF OPERATION			1 20. AUTOPSY?
21. ACCIDENT	(Specify) PLAC	CE (Home, farm, factory, street,	(CITY OR	TOWN) (C(OUNTY) (STATE)
SUICIDE HOMICIDE	OF INIT	office hldg., etc.)	(OIII OII	10 111) (00	SUNTY (STATE)
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
ÖF		While at Not While	1000 212 1100111 00	.00111	
INJURY	m.	Work At work			
22 I hereby corti	fy that I attended the	deceased from 6-19	- 1960 to 1-	5-1951 that 1	Llost sow the decemed
alive on	/-4-, 1957, an	d that death occurred at	1.2:05 Am., from the	causes and on the	date stated above.
SIGNATURE	A .	(Degree or title)	ADDRESS	le Sanatorium	DATE SIGNED
1/2 · 1/2	of fenecas	M.D.,			1/5/51
23. BURIAU CREM			RY OR CREMATORY	Le. Maryland LOCATION (City, town,	
REMOVAL Spec		/ NAME OF CEMETE	IN OIL OREMATOR!	Wirling C	or county) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	FUNERAL DIRECTO		ADDRESS
REG. 15	nese	Unin	anner Ma	MANIA Sterne	20 Ja Hethud
TIAIN I		Q2 2//	10 M	THE MAN THALL	4



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly—

The correct age

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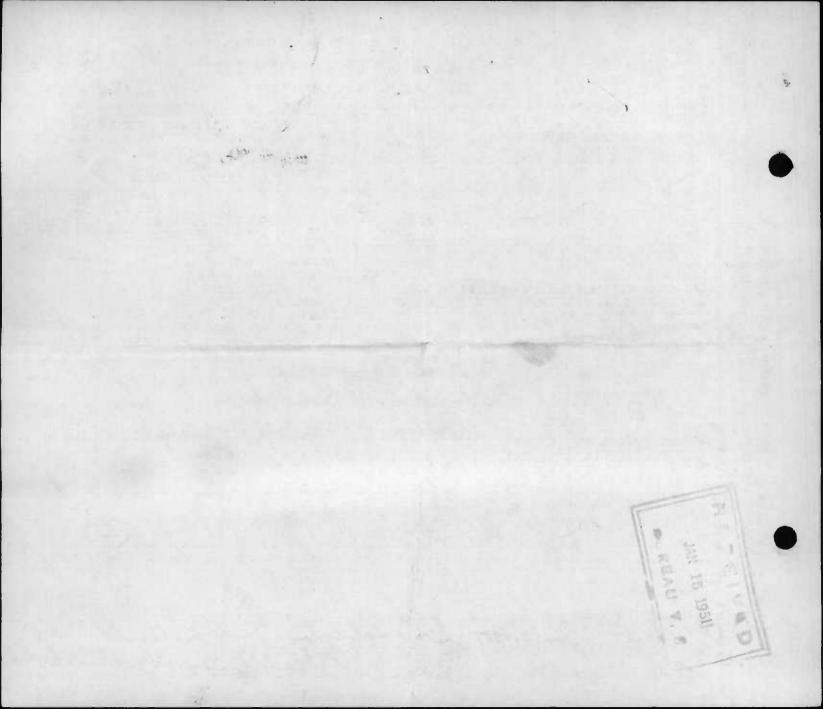
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 2245

310 386

1. PLACE OF DEATH	1.		2. USUAL RESIDENCE (H	OME) OF DECEASI	ED.
- countr Prin	ce George's	MARYLAND	STATEMaryland	Prince Ge	e 69 County
CITY (If outside co	rporate limits, write Rittown). yattsville Mo	JRAL and LENGTH OF STAY (in this place) O MONTHS	II OB	e limite, write RURA	L and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	}	1 O MOHOLIS	STREET	(If rural give to	oration)
3. NAME OF DECEASED (Type or Print)	(First) Gladys ((Middle) Glendolyn War	(Last)		onth) (Day) (Year) 1 8, 1951 19
female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) MAITICO	April 10, 1904		If under I year If under 24 hrs. Months Days Hours Min.
done during most of w	ATION (Give kind of wo	rk 10h. KINO OF BUSINESS OR	Groveland Mich	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM			14. MOTHER'S MAIDEN Nellie Sp		
15. WAS DECEASED EV (Yes, no, or unknown)	(If yes, give war or dat service)	CES? 16. SOCIAL SECURITY NO.	Calvert O Ward W	V. Hyattsvi	lle Md.
		18. MEDICAL CE	RTIFICATION		
1. DISEASES OR CO		Cerebal Con	npression		INTERVAL BETWEEN ONSET AND DEATE
Anteceder Diseases nr	of cause(s)	Intraerama	Dhemorhas	3L ·	
3 a giving rise to stating the u	the above cause nderlying cause last	Cardinase	elar med	disiase	
Conditions contribu	CANT CONDITIONS ting to the death but no se or condition causing d	t	or o	<u> </u>	
19a. DATE OF OPE	RATION 19b. MAJO	R FINDINGS OF OPERATION			20. AUTOPSY?
21. EXTERNAL CAUPRIMARY OR CO	NTRIBUTING [O	LAC: (Home, farm, factory, street, F office bldg., etc.) NJURY	(CITY OR TO	OWN) ((COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour	While at Not while	HOW DID INJURY OCC	UR?	
22. I certify that I obtained by sai from: natural	took charge of the red d Autopsy, Inspection causes A, accident	mains described above, held an A ar Inquiry, find that said dece , suicide , homicide , (Degree or title)	Autopsy S. Inspection	Inquiry X there above, and death	eon and from the evidence in my opinion resulted DATE SIGNED
23. BURIAL CREM.	ATION CATE THEI	REOF NAME OF CEMETE	Cheverly-	STION CONTON	n, or count) (State)
DATE REC'D BY	LOCAL REGISTRAR	'S SIGNATURE	2 EUNIARAL DIRECTOR	5 7/	ADDANS ON



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MARGIN	TIME CALLET AGENCY
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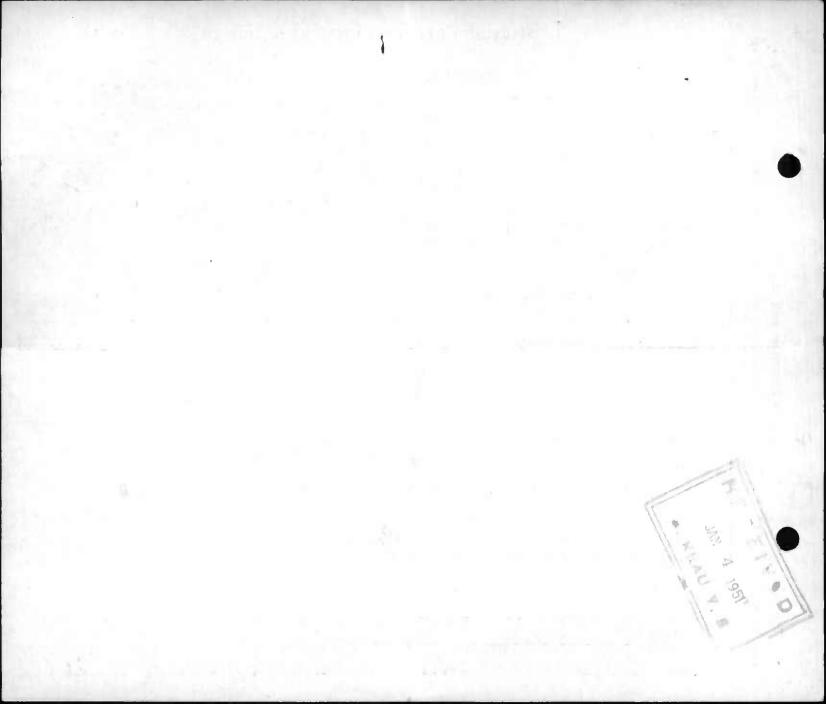
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

		2	4
Reg.	Dist. No.	7	S

1. PLACE OF DEATH. COUNTY Fruice Louges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Georges
OR give nearest town) College Park (in this place)	CITY (If outside corporate limits write RURAL and gi	nearch Jown)
HOSPITAL OR INSTITUTION OR 48/6-Blackfoot Rd	STREET ADDRESS 4916 Blackfoot	Rageria
3. NAME OF DECEASED EUGENE Reck Wi	LTBANK 4. DATE (Month) OF DEATH VAN	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF PIRTH 12/18/1880 9. AGE last birthday If under Months.	1 year If under 24 hrs.
1000 USUAL OCCUPATION (Give kind of work gone during most of working life, eyen if retired) Singlety Lucius	11. BIRTHALACE (State or foreign country)	CUATRY OF WHAT
13. FATHER'S NAME White	Enma L. MC Le	uel
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give par or dates of 5-76-09-4449).	Prace E willbank Col	lege PK Ind
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH CORONARY (a)	Throm Bosis	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)	ic HeART DISEASE	10-15 48
giving rise to the above cause stating the underlying cause last	ie mem Disense	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Mellitus	1/248
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY NJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct	1948 to NoV, 1950, that I last s	aw the deceased
alive on. 7, 19, and that death occurred at	ADDRESS and on the date st	ated above. DATE SIGNED
23 BURIAL, CREMATION DATE AND NAME OF CEMETER REMOVAL (Specify)	RY OF CREMATORY LOCATION (City, town, or coun	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. DUNERAL DIRECTOR Soully as	tertle,
	2000	and,



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2411 N. Charles Street, Baltimore

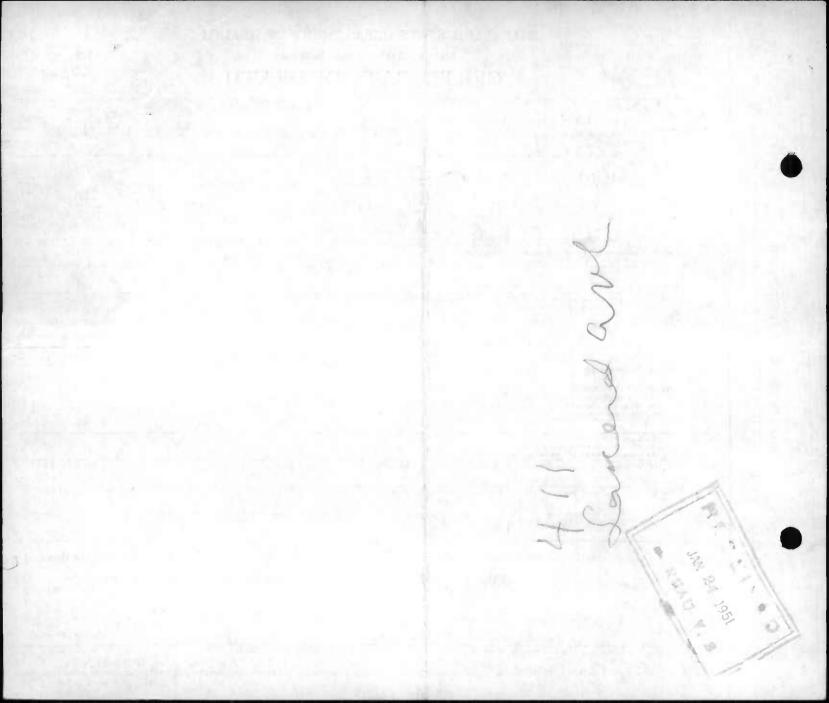
CERTIFICATE OF DEATH

Reg. Dist. No. 72/5

1824

E	I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	v D - 1
	PINEE GEOPGE. MARYLAND	Maryland	I rinee Oconge
fully.	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town 15 V 1 C (in this place)	CITY (If outside corporate limits, write RURAL and good TOWN Bets ville	ve nearest town)
eg	HOSPITAL OR	STREET (If rural, give location)	
19.0	STREET ADDRESS Mother Jones Rest Home	None	
ion	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
nat	(Type or Print) Christina (NMM)	Vissman DEATH Van.	21, 195/
nforn h cles	6. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVERZED, (Specify) W, dowed	Sept. 7, 1865 9. AGE last birthday If under Months	I year If under 24 hrs. Days Hours Min.
deat	10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) HDUSE WIFE - RETIREM	11. BIRTHPLACE (State or foreign country) Beltsville Maryland	2. CITIZEN OF WHAT COUNTRY?
Supply every item of information carefully. write the causes of death clearly and legibly.	13. FATHER'S NAME Jacob Feighenne	14. MOTHER'S MAIDEN NAME Elizabeth Bense	
ery	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
ev Se o	(Yes, no, or unknown) (If yes, give war or dates of	Mr. Henry J. Wissa	ran
ply e th	18. MEDICAL CE	RTIFICATION	1_
d t	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(D)	7/. / , 7.	/ O '	7
INK. please	Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b) Thy further.	ran Juray	(L
Za	Antecedent cause(s)		7
WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: pleas	Diseases or conditions, if any, (b) giving rise to the above cause	myreadle	0 1 PO PO DO DO CONTRACTO DE
cia cia	stating the underlying cause last		
AI	(c)		
FL	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
E*	related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
tan T	IVAL DATE OF OTHER PROPERTY.		
LI	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No (STATE)
N E	SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
MA	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
Z is	OF While at Not While INJURY m. Work At work		
AI		En 1/2 5/	
PLes	22. I hereby certify that I attended the deceased from	, 19.2, to, 19, that I last	saw the deceased
E .	alive on 195, and that death occurred at	from the causes and on the date s	tated shove
H	SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
V.R.	5 m m 3/1	1 Carle an Enword	
F-7	23. BURIAL GREMATION DATE THEREOF I NAME OF CEMETE	RY OR ORDINATORY LOCATION (City, town, or cour	ity) (State),
PLEASE		scopal Cometery Belts Ville	Maryland
E	DATE REC'D BY LOCAL MEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1	Lati 22 1957 Jauns Levels	IW.W. Chambers G. 5801	Cleve. Ave
/	V=	0:44	WIND WIT

VS. A15



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(82.)

CERTIFICATE OF DEATH

Reg. Dist. No. 243

COUNTY	STATE _ COUNTY	
Prince Georges MARYLAND	D. C	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest tow OR	(n)
TOWN Glenn Dale (rural) I yr., 0 mos	• TOWN Washington	1
HOSPITAL OR /& 25 days.	STREET (If rural, give location)	1
INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	ADDRESS 1119 23rd St., N. W.	U
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print)	DEATH / 13	195/
5. SEX female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED	Montha Darm House	ier 24 hrs.
Female Negro (Specify) Separated	5/15/1920 30 yrs. Months Days Hour	Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND, OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	TAHW
done during most of working life, even if retired) INDUSTRY NAVY ANNEX GOV't Cafeteria	Washington, D. C. USA	
13. FATHER'S NAME /Services	14. MOTHER'S MAIDEN NAME	
Arthur Pinkett	Alice Pinkett	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of 577-30-8050	Decedent	
18. MEDICAL CE		
	INTERVAL E	ETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	
Immediate cause (a) Pulmonary	Valerculoses 26 Mo	5/Sda
Immediate cause (a)	······································	***************************************
Antecedent cause(s)		
Discours on conditions if new (h)		
Diseases or conditions, if any, (b)	***************************************	
13 Significant of the short cause giving rise to the above cause stating the underlying cause last		
giving rise to the above cause stating the underlying cause last (c)		
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	20. AUTO	PSY1
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes []	No W
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